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JULY 20 '71



PLACING  
SENIOR CITIZENS  
ON THE  
*Meaningful  
Active  
Productive lives*



REPORT  
JULY 1971

MONTANA WHITE HOUSE CONFERENCE ON AGING



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July 26, 1971

FORREST H. ANDERSON  
GOVERNOR OF MONTANA

LYLE DOWNING  
EXECUTIVE DIRECTOR

The Honorable Forrest H. Anderson  
Governor of Montana  
and  
Doctor Arthur S. Flemming  
Chairman of the White House Conference on Aging  
Capitol  
Helena, Montana 59601

Gentlemen:

On behalf of the senior citizens of Montana and the Commission on Aging, we are transmitting herewith an outline of the results of the community White House conferences held in this state.

This report represents the recommendations of more than 10 per cent of the elderly residents of Montana covering various economic, social and cultural needs.

Your consideration and implementation is requested.

Respectfully yours,

*Lyle Downing*  
Mr. Lyle Downing,  
Executive Director

*James F. Hall*  
Dr. James F. Hall  
State Consultant on Aging

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STATE OF MONTANA

Honorable Forrest H. Anderson  
Governor of Montana

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CONSULTANTS FOR STATE OF MONTANA COMMUNITY CONFERENCES

Dr. Virginia McGreevey, Sociologist,  
Montana College of Mineral Science and Technology

Sister Providencia, Sociologist,  
College of Great Falls

Arnold Brown, Ph.D. Candidate, Sociology,  
University of Montana

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Dr. James Hall, Coordinator,  
Extension and Continuing Education  
University of Montana  
Project Director

A very faint, large watermark-like image of a classical building with four columns and a triangular pediment occupies the background of the page.

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## COMMUNITY FORUMS

Preparatory to the White House Conference on Aging, Mr. Barclay Craighead, chairman of the Montana Commission on Aging, and Mr. Lyle Downing, the executive secretary, enlisted the Governor's state board of human resources in a cooperative effort in resolving the problems of the aging.

On September 16 and 17, the Governor's conference on aging was held in Missoula. Five hundred delegates heard Governor Forrest H. Anderson express his concern for the aging. In attendance were James Burress, regional director, Social Rehabilitation Service, H.E.W.\*; Ray Schwartz, associate coordinator, Regional and State Activity on Aging; and Clinton Hess, associate regional commissioner on aging, Denver, Colorado. Also in attendance were representatives from city, county, and state agencies.

The first phase of planning for the White House Conference was known as the "Community Forum". The purpose of the forums was to discover the needs of senior citizens. A basic premise of the forum was that the real needs of the senior citizens should be uncovered. A second premise was that future planning and policies should meet these needs.

There were twenty-two forums and meetings related to a study of needs with one thousand ninety-five people in attendance.

Highlights of the needs from the twenty-two forums and meetings:

1. Transportation. This was the greatest need expressed by the

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\* H.E.W. - U.S. Department of Health, Education and Welfare.

senior citizens. Transportation in many Montana areas is practically nonexistent and the elimination of train service on the southern route has added to the dilemma.

2. Health. Health is important to the aged primarily because it is crucial to remaining active. Some Montana rural areas are handicapped by lack of medical care. For instance, the health committee in Glasgow discovered some eastern Montana counties do not have a public health nurse and some areas are without a doctor. Another concern of health service was called the "gray area". This includes people just above the poverty line. Senior citizens on strictly limited incomes are eligible for Medicade in addition to Medicare. Medicade, through public assistance, pays doctor bills, provides for some devices such as glasses, and pays for homemaker services. However, some senior citizens in the "gray area" do not receive these services. A real need was expressed for preventive health measures. Dr. John Anderson, Montana's executive health officer, has stated the senior centers could be pivotal points on which to focus multiphasic screening to detect early stages of illnesses or symptoms such as diabetes, glaucoma, tuberculosis, high blood pressure, and cardiac cases, emphysema, etc.

3. Income. Although many delegates desired greater services, the concept of more income would give them a greater measure of independence. Recommendations will be made for the amount and the types of ways income could be extended.

4. Nutrition. Although not listed as one of the top three needs, there was a good deal of interest in meeting the nutritional needs of

the shut-ins and the infirmed, who often lack the motivation and physical ability to prepare adequate meals. Because of the interest generated in starting a pilot program of meals on wheels at the Great Falls forum, such a program was started using meals from the school hot lunch programs, delivered in a Red Cross vehicle and served by volunteers from the College of Great Falls.

5. Recreation. Recreation and related activities were cited as important needs. Some centers have begun meeting these needs and have plans for expansion. State legislators, city and county officials who attended heard the senior citizens express how much these activities mean in their lives. The activities provide a means for establishing social interaction and close friendships, and are of paramount importance in isolated areas of the state that are handicapped by lack of transportation and services.

6. Housing. The aged in low income brackets, both urban and rural, including Indian and white, are confronted with many housing problems. High and rising taxes and rent, coupled with inadequate housing, is a common problem to these low income people. Maintenance fees have skyrocketed, for example, the replacement of a water heater costs at least one month's social security payment. Montana has a law which allows tax relief for a home, if the value of the home is below \$17,500, and income is under \$3,300 for a single person or \$4,500 for a married couple; however, a person has to be aware of the exemption and apply for this tax credit each year by March 1st. The forums brought out that some people were unaware of the tax credit, and as a result were unable to qualify this year. Still others who

did not qualify were forced to sell the home they had saved for all their lives, because they could not afford the taxes.

A need for Medicare beds was an expression of concern at the Hamilton forum. Certain federal requirements have to be met before nursing homes qualify. None of the existing facilities in Hamilton meet these requirements. This places a burden upon the aged, under Medicare, who must travel to other communities that have met these requirements.

At the Hardin, Montana forum a concern was voiced over Montana Indians being sent to Wyoming nursing homes by officials of the Bureau of Indian Affairs. There are many cultural implications when older Indians are sent to areas where they are amongst strangers. They are affected by different languages, and are too far from friends and relatives to enjoy visits. Some Indians felt that it was equivalent to a sentence of solitary confinement.

7. Retirement. Although some people expressed a desire to earn some money to supplement limited income, very few wanted to go back to full-time work again.

8. Employment. A need brought out at the Helena senior citizens center was the employment of widows. A woman widowed before sixty years of age is not eligible for social security if there are no children at home. Many widows have been homemakers and are unskilled in office or factory work; as a result employment is nonexistent for their particular talent.

9. Education. Through informal education some of the problems confronting the aged could be more readily solved. When each need

was mentioned, there was a corresponding need to have more knowledge on the subject in order to make the senior citizen more self-reliant. Throughout the forums a need was expressed for pre-retirement planning, to instruct senior citizens in such things as development of new interests, utilization of finances, and the means of obtaining aid and services. One man told of selling his home before his 65th birthday and having to pay a capital gains tax on it. He had wanted to be free to travel. If he had waited to sign the papers after his birthday, he would have saved thousands of dollars. Others expressed a need for training in many fields. Education in the basic needs of the senior citizen upon retirement is of paramount importance.

10. Spiritual Well-being. Although listed last, to the senior citizen in particular, spiritual well-being is of utmost importance. Many senior citizens have had close ties with the church and now that they are old they are sometimes forgotten. Lack of mobility and infirmity keep many from attending church. The church, like other segments of society, must change with the increasing number of senior citizens and with the problems of our times. The delegates at the forums felt that the church members have the motivation to serve, but in many cases, are not aware of the problems of the lonely, forgotten elderly members whom they do not see. In addition, younger clergy need training and guidance in order to minister to these needs. It was suggested a seminar be held with the clergy and lay leaders, with the findings of the seminar published and distributed to the clergy.

The primary function of the White House forums was to determine the needs of the senior citizens in Montana, so that appropriate action and legislation could be taken to correct these needs.

Additional accomplishments of the forums were:

1. A number of our legislators were exposed to the problems of senior citizens, including the need of how the centers will be funded when original allotted funds are expended. House Bill 81, a one mill permissive levy, was adopted to provide funds for senior citizens' activities.
2. They brought together senior citizens and providers of services on a local and state level. The providers of services could hear first-hand what the needs are and what the centers are doing.
3. Various senior citizen groups, i.e. American Association of Retired People, retired veterans' groups, retired railroad employees, National Retired Teachers' Association, etc., were united in working for common goals.
4. Work being done at the senior citizens' centers was brought to the attention of community leaders.
5. Preparations were made by the communities to form "needs" committees to work together to correct problems and formulate policies.
6. Individual problems in local areas were highlighted, such as lack of various services where forums and related meetings were held.

## MONTANA - Meetings and Attendance: October-December 1970

## Forums held:

Great Falls	25
Great Falls	190
Malta	25
Missoula	77
Butte	50
Hamilton	18
Superior, Alberton, and St. Regis	8
Kalispell	181
Bozeman	64
Livingston	25
Helena	60
Billings	34
Hardin	15
Sidney	75
Miles City	23
	<u>870</u>

## AARP Meetings for Community Leaders:

Great Falls	35
Kalispell	40
Helena	40
	<u>115</u>

## Preparatory and Specialized Meetings:

Billings	24
Lewistown	16
Havre	10
Glasgow (health)	60
	<u>110</u>

TOTAL

1095

## COMMUNITY CONFERENCES

The second phase of the Montana effort was preparation for what were called "White House Community Conferences". Initially it was felt that eight conferences should be held in key areas of the state to bring delegates together at the least expense.

Due to the lack of state funds it was impossible, at first, to underwrite the cost of the proposed community conferences. A request was made to Dr. James Hall of the Department of Continuing Education to apply for a grant under Community Services Programs, Title I, Higher Education Act of 1965. Montana State University at Bozeman, Montana College of Mineral Science and Technology at Butte, the College of Great Falls, and the University of Montana at Missoula agreed to participate in the project, stipulating that the White House Conference committees should be concerned with the needs and possible suggested goals and programs for Montana, in addition to the formulating of policies for the National White House Conference. Without these funds, Montana would not have been able to participate in the Community Conferences.

Considering the funds allotted, the distances involved, and time available, the following procedures were adopted: In each case a key person in the area was asked to form a steering group. This steering group was to call together two groups of people, senior citizens and providers of service, either singularly or together. The state planner would brief them on the concept and purpose of forming "needs" commit-

tees and encourage their participation on the committees. The "providers of service" group was encouraged to enlist the support of youth, specialists in "needs" areas and public officials from the city, county, and state. The steering groups were then encouraged to select competent persons to serve as chairmen of the nine needs areas: 1) Income, 2) Health and Mental Health, 3) Housing and Environment, 4) Nutrition, 5) Education, 6) Employment, 7) Retirement Roles and Activities, 8) Transportation, and 9) Spiritual Well-being. Later a follow-up meeting was to be held with the chairmen and steering group to brief them on their responsibilities and distribute their workbooks.

Considerable effort was made to enlist the people to form and serve on the "needs" committees:

1. Preparatory to the community conferences a meeting of directors and aides from the senior centers was held at Billings with Dr. Mel White, executive director of the Utah Commission on Aging, as a consultant. Also present were Robert Utzinger, regional officer for the AARP\*, and Clinton Hess, deputy commissioner on aging, from Denver. A grant from the AARP\* helped finance the conference. The delegates were briefed on the purpose and aims of the White House Conference.

2. At the meeting of the major Protestant and Catholic church executives of Montana, church leaders were encouraged to participate in the nine "needs" areas, especially in the area of "Spiritual Well-being". A list of suggestions for participation was sent to five hundred priests and pastors in Montana. When possible, meetings were scheduled with

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\* AARP - American Association of Retired Persons.

local ministerial groups to explain the proposed program.

3. A list of suggestions was sent to the heads of the National Retired Teachers' Associations in Montana, encouraging their members to consider educational needs.

4. At the annual meeting of the Montana Nurses' Association an appeal was made to enlist their help in the health area.

5. Editors of daily newspapers were contacted for press coverage, and interviews were sought at local radio and television stations.

6. A letter was sent to state agency directors encouraging them to delegate their field personnel to participate in community "needs" committees. Several community conference committees were headed by these field personnel, who were best qualified or the most knowledgeable people in the area.

7. Requests were received by the state planner to speak at various functions such as the Bozeman Business Women's Club, the Delta Kappa Gamma teachers' honorary of Missoula, the dedication of the Anaconda Senior Citizens' Center, the Christmas party of the Missoula center, and a new group formed at Thompson Falls, etc. At these functions, members were encouraged to take part in the forthcoming community conferences.

8. Several visits were made to colleges and universities throughout the state, to enlist the support of professors and students as specialists or recorders for the conferences.

9. In Helena a number of state agency personnel were contacted to serve as specialists. A number of small committees were convened when possible to help with the nine "needs" areas. There were a total of fourteen meetings with ninety-five present.

In the final analysis, the community conferences provided an excellent opportunity to alert Montanans to the needs of their senior citizens.

There were five community conferences held in Montana:

GLENDIVE. This conference was held on Wednesday, April 21, at the Jordan Inn. There were eighty-five registered delegates with one hundred in attendance. Mrs. Gerry Halstead, field supervisor for "Action for Eastern Montana", James Brown, the organization's director, and Dr. Sam Weeks, retired, set up eight of the nine "needs" committees. Prior to the conference the committees were organized in separate communities throughout the sixteen-county area in order to accomodate time and travel. The significance of the conference is that these delegates represented about one-third of the counties of the state, encompassing nearly one-third of the total land area of Montana. This area is sparsely populated and has a high percentage of senior citizens.

The following are the highlights of this conference:

Public transportation was a particularly vital issue. It is nearly nonexistent for senior citizens in the whole of eastern Montana. The delegates protested vigorously the loss of the southern rail service. Mr. Roger Nicks of Baker headed the transportation committee. He owns a small bus company and leases the buses to the school districts. He obtained a list of small transportation owners in other rural communities throughout the area. Mr. Nicks is hopeful that he can overcome insurance and legal obstacles to utilize the buses for senior citizens during the middle of the day and summer season. The major expense

to the bus owner is in the initial cost of the equipment and insurance. Buses could be operated at marginal expense in providing transportation for senior citizens. In one community (Glendive) a subsidized taxi service has been developed for senior citizens by concerned delegates.

Another very significant recommendation was from Mrs. Esther Nichols, chairman of the education committee. Mrs. Nichols, a retired teacher, presented a partially developed plan for a national television broadcast for the education of senior citizens, similar to "Sesame Street", a funded program for children. Facetiously, the program would be called "Geriatric Street". The whole gamut of life for senior citizens would be presented including nutrition, legal matters, health, housing, extending money, and even how to live to enjoy the "golden years".

Another goal for eastern Montana is the employment of a multi-county senior citizens director to provide leadership, training, and coordination for senior citizens of eastern Montana.

The health committee thought a mobile clinic might be the answer for preventive health programs for the elderly.

Entertainment for the conference included group singing and was highlighted by a magic and ventriloquism act provided by a retired farmer.

GREAT FALLS. The second community conference was held on Saturday, April 24, at the College of Great Falls with sixty present. The nine committees had previously been formed and had met frequently to study and make their recommendations to the conference. Over one hundred people

were involved in committee assignments.

Mr. Jim Todd, center director, and Mr. John St. Germain, county commissioner, helped organize the committees. Sister Providencia, who served as a consultant from the college, coordinated the work of the conference.

Some interesting suggestions were made at the Great Falls conference in regard to the formation of a state retirement homes association, the use of college work-study students at centers for teaching, and a public transportation program in Great Falls to provide the city, including the senior citizens, with transportation.

BOZEMAN. The third community conference was held in Bozeman at the Baxter Hotel on Wednesday, April 27, with sixty registered. Ken Baldwin, the center director, organized two preliminary meetings with over one hundred thirty people in attendance. Committee chairmen were selected, committees were formed, and some met frequently before the conference. An important factor in the Bozeman community conference was the formation of a Gallatin County Council on Aging from Three Forks, Trident, Manhattan, and West Yellowstone. This council is presenting a county-wide unified program of meals, transportation, and small centers to the county commissioners for consideration of the one mill levy.

The Bozeman school district expressed its interest in senior citizens by creating the first pre-retirement program in the state at the Vocational - Technical Center.

Many creative programs were suggested for transportation. The

Bozeman group suggested such things as a \$.50 taxi fare for senior citizens during the slack periods of the day, a special stand-by air fare for senior citizens on slow days, a passengers' coach on freight trains with off-and-on service at crew change stations and check points. The group suggested that the government provide guaranteed liability insurance for volunteer drivers providing rides for senior citizens.

BUTTE. The Butte Community Conference was held at the Marcus Daly Hotel in Anaconda, Montana on Saturday, May 1, with one hundred twenty-eight registered delegates. Miss Marie Bradley, the center director, made it a festive occasion by taking the conference to Anaconda. Dr. Virginia McGreevey, sociologist at Montana College of Mineral Science and Technology, served as a consultant. All nine committees had been formed and had met prior to the conference. One of the concerns of the Butte group was the need for some type of national vesting of pension plans. When a person changes jobs he often loses his pension rights. The emphasis on this issue was raised by senior citizens who are living in a fast changing, industrial-labor community. Butte has a bus company for transportation, but the fares are increasing rapidly. One plan suggested was a \$.25 fare for senior citizens. With each quarter deposited, the senior citizen would also deposit a ticket. The tickets would then be redeemed by unions, or stores, with some form of subsidy to be worked out. Old-timers' song leading and story telling made the conference a festive, as well as profitable, time.

MISSOULA. The last community conference was held at Missoula on May 14, at the University Center at the University of Montana with one

hundred twenty-five people in attendance. Arnold Brown, a doctoral candidate in sociology, served as a consultant. The attendance was important because of the wide representation from all of western Montana. The nutrition group had been organized and had met several times before the conference. They proposed a meals program to be financed by part of the one mill levy. The health committee suggested a novel idea of using the University facilities for testing senior citizens with hearing difficulties. The Missoula AARP will contact families with a deceased member, in hopes of securing hearing aides. Another point stressed was supportive health services to keep the senior citizens in their own homes as long as possible.

Community conferences were to have been scheduled in Helena and Billings. The sponsoring group in Billings was the newly formed Yellowstone County Council on Aging. Needs committees were formed and had met. Due to the illness of the first appointed president and subsequent lack of time the conference could not be held. Nevertheless, some things were accomplished. The building committee is planning to build a housing unit for senior citizens. The nutrition committee has formulated a plan for a meals program. The mayor is attempting to work out transportation for senior citizens through the one mill levy.

Helena formed five committees, but there was no key person or group to organize a conference. The committees that were formed were particularly helpful in setting state goals.

There were over four hundred official delegates to the community conferences with at least that many more who served on committees. There

are many small projects started to accomplish some of the local and state goals. These people have had an opportunity to express themselves in policy formation following the study of the issues in the needs workbooks. If the enthusiasm and interest of the delegates is an indication of what can be accomplished for the senior citizens of Montana, the future looks promising.

A list of the meetings held in preparation for the community conferences or helpers in each of the conferences follows. Sociology students served as recorders in the "needs" areas.

Billings - center directors and aides	50
Glendive - field representatives of "Action for Eastern Montana"	24
Billings - Yellowstone Council on Aging 1/13	10
Billings - Yellowstone Council on Aging 3/15	27
Billings - Yellowstone Council on Aging 4/19	18
Great Falls - senior citizens and providers of service	97
Bozeman - senior citizens	110
Bozeman - providers of service	43
Bozeman - business and professional women	44
Bozeman - chairmen of committees	12
Butte - senior citizens	60
Boulder - denominational executives	12
Great Falls - chairmen of committees	18
Butte - chairmen of committees, ministerial groups	40
Missoula - Delta Kappa Gamma (teachers' honorary)	36
Anaconda - senior citizens center dedication	168
Missoula - senior citizens, providers of service	53
Missoula - Christmas party	550
Missoula - chairmen, leaders	12
Helena - nurses group	60
Helena - several small committees (14 meetings)	95
Thompson Falls - new group	70
<b>TOTAL</b>	<b>1609</b>

The community conferences were held in:

Glendive	100
Great Falls	61
Bozeman	53
Butte	128
Missoula	113
<b>TOTAL</b>	<b>455</b>

## STATE WHITE HOUSE CONFERENCE ON AGING

On May 25 and 26 the Montana State White House Conference on Aging was held at Lewistown, Montana, at the Yogo Inn, with Governor Forrest H. Anderson as the featured speaker of the evening. There were two hundred and one people in attendance at various functions related to the conference.

Although the conference was open to the public, the delegates were essentially hand picked. Invitations were sent to the chairmen of each "needs" committee in the state, community conference coordinators, "needs" area specialists, and city, county and state officials. The delegates, coming from all areas of the state, were interested and knowledgeable in each "needs" area. Many of the delegates had participated in their "needs" committees, and were involved in several meetings, and had attended the community conferences serving as chairmen of the "needs" committees.

Mr. Frank Sennett, the Governor's assistant, opened the conference by stating the purpose. Five films, produced for the White House Conference on aging, were shown to introduce the delegates to some of the problems confronting the aging. Questionnaires as to the effect of the films were filled out by those who viewed the films. Evaluations of the questionnaires were made by the delegates and the results were forwarded to Washington, D.C. Some of the comments on the evaluation sheets were interesting: "These films have had a devastating effect on my complacency." "To make others aware that all people are social beings and

have to be included, needed, and treated with human dignity." "Should be shown on tv nationally." "It should be shown at senior citizens' clubs and every other club that will show it as 'Education on Aging'." "It was an education; show to professionals who design, employ, feed, legislate, etc."

The films not only provided the mental stimulus necessary to get the conference off to a good start, but the delegates, as well, learned the films were available for local showing. Several local groups ordered them.

Following the films, the delegates met in the nine "needs" areas. A short time was given for reports on local action implemented for the aged. Everyone had an opportunity to learn of programs and projects being conducted in other communities of the state. The group discussed state goals, current action; made plans for the ideas requiring legislation; and analyzed services being offered by state agencies. Recommendations of the nine "needs" areas will be given in section (V) of this report.

The first day's session was concluded that evening by an address from Governor Forrest H. Anderson.

The following day, May 26th, delegates met in the morning and discussed the workbook issues. The ideas stemming from this discussion were formulated into policy. The issues and policies formulated are detailed in section (VI).

The afternoon session consisted of reports on the nine "needs" areas. These presentations enabled the delegates to familiarize themselves with the problems and made recommendations for state action and

national policy.

At this particular time the specialists were helpful. One instance was the minority leader for the Montana House of Representatives, Mr. Bill Christiansen, who expressed legislative views. Mr. Christiansen briefed the delegates on methods and procedures to be followed on materials presented for legislation. He stressed how the legislature would react to some of the priorities advocated by the group and what legislation would be needed. Most of all, his attendance assured the delegates that the Montana Legislature was interested in their problems.

The delegates expressed appreciation for the format of the whole White House Conference. It has given the senior citizens the opportunity to express themselves; it brought together people with common interests and common goals. Hopefully, future accomplishments will reflect the goals set by the conference.

## PRESENT STATUS OF SENIOR CITIZENS IN MONTANA

In preparation for the White House Conference on Aging, a basic requirement is the assessment of data regarding the extent and availability of services for the senior citizens of the state.

A review of what is being done will help to highlight the positive programs, to show where coordination will help, and point out what needs to be done in order that comprehensive planning can be more effective. "Information gathering" is given as the first requisite in the definition given in the technical workbook, Planning, published by the White House staff. Planning in aging is defined as "information-gathering; liaison; technical assistance; plan-making; coordination; establishment of priorities, advocacy; regulating; problem-by-problem solving; educating the public, politicians, or professional constituencies; employing of Planning, Programming, Budgeting systems (PPBS), Program Evaluation Review Techniques (PERT), Management By Objectives (MBO), social indicators, or some other quasitechnical procedures; developing new, expanded, or reorganized services, facilities, or programs for the aging; having aged persons express their needs; avoiding budgetary and manpower waste; designing a utopian blueprint for the aging; and public relations".

The report consists of a summary of What is being done for senior citizens in the state of Montana, by programs of federal, state, and local government, and private organizations in the interest of senior

citizens in each of nine areas specified by the White House Conference as principal "need" areas of older persons. These are: 1) income; 2) health and mental health; 3) housing and environment; 4) nutrition; 5) education; 6) employment and retirement; 7) retirement roles and activities; 8) transportation; and 9) spiritual well-being.

## I. INCOME

The majority of senior citizens are on fixed retirement incomes, many for instance, on Social Security benefits alone. Various Senate sub-committee hearings on aging have pointed out the inadequacy of unplemented Social Security payments. Inflation has increased the cost of living in Montana at a faster rate than the national average for senior citizens. Income is therefore a vital concern for the aged, with high rent, increasing taxes and health care costs threatening the security of fixed incomes.

In Montana recent statistical reviews point out that 19 percent of a total population of six hundred ninety-four thousand were persons fifty-five years of age and over. Of this total, sixty thousand were recipients of Social Security payments and another three thousand six hundred were receiving Old Age Assistance.\* The average amount per recipient of Social Security amounted to \$99.88<sup>†</sup>; that of OAA\*\* was \$69.75<sup>†</sup>. The monthly cost standard for basic needs of aged couples was \$172. Social Security payments were approximately that of the national average. Montana ranked 24th in average monthly OAA payments.

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\* See Appendix: Bureau of Census report 1970

+ See Appendix: State Data Book on Aging, Table 2224

\*\* OAA - Old Age Assistance.

Montana OAA payments, nevertheless, represent 100 percent of the cost standard of basic needs. Presently, Montana ranks 34th in per capita personal income which averages \$3,130 yearly\*.

Social Security accounts for 34 percent of aggregate money income paid to persons sixty-five years and over; public assistance accounts for 4 percent in Montana. Other principal sources of income are veterans' benefits, retirement benefits from private and governmental pension programs, and earnings from employment. Retirement benefits account for 46 percent of total aggregate income, and earnings account for 29 percent. Presently, there are 10,923 persons receiving veterans' retirement benefits, amounting to \$8,300,000.00 yearly.\*

Developments In Aging 1969, a report of the Special Committee on Aging, U.S. Senate, points out that a) retirement income is inadequate and b) there are considerable "drains" which further corrode this inadequate base, e.g. "National economic growth, while putting added dollars into pockets of the working group, increases pressures on the retirees. A rise in earnings of 4% annually -- a not unrealistic assumption in view of recent performance -- means consumption levels would approximately double in two decades, placing those on fixed income at seriously deepening disadvantage in the marketplace."

A number of other significant observations were made in this report. Earnings drop as advanced age further curtails already limited earning opportunities. Assets are reduced - in some cases, exhausted. Homeownership, the most important asset of the elderly, becomes espec-

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\* See Appendix: State Data Book on Aging, Table 2224.

ially difficult to maintain with advanced age due to mounting taxes and other rising costs. Medical needs and the costs of meeting these needs rise with declining health. The rise in these costs is only partly met by Medicare, which amounted to only 45 percent coverage of the health needs of the aged in 1968. Inflation erodes already inadequate incomes over longer retirement periods. An annual rise in income of only 2 percent will reduce the purchasing power of fixed incomes by 18 percent after one decade and by 33 percent after two decades.

Many of the retirement cities and housing projects in other states are promoting good programs to attract senior citizens, thereby causing the retirees to take their incomes and other assets away from Montana. Efforts expended for projects, programs, and centers can make life more appealing in Montana, which will result in keeping these assets in this state.

Some of the major sources of income are listed below. It is important to show that the income and expenditures of senior citizens are a factor in the total economy of Montana. These figures were gathered from the organizations listed in March, 1971. Income from private pension systems, insurance annuities, employment, and personal investments were unavailable. Therefore, the amounts listed represent only a portion of the total income to senior citizens of Montana.

<u>Source*</u>	<u>Recipients</u>	<u>Annual Payment</u>
Social Security	61,400 retirees and dependents; 22,800 survivors (not all are survivors of retired workers)	\$76,416,000 25,476,000
Veterans Administration	10,923 receiving pensions (some not 65)	8,277,536
+NARCE (retired civil service)	2,499 pensioners	8,331,996
Teachers retirement	2,440 pensioners	4,500,000
Railway retirees	7,000 pensioners	9,120,000
++PERS (state employees retirement)	6,938 pensioners	3,729,814
Montana judges	7 pensioners	53,271
Montana game wardens	6 pensioners	24,998
Welfare payments	3,576 recipients	<u>2,685,976</u>
		Subtotal \$138,615,591

#### Major contributions toward health

Medicare (Blue Cross, part A, hospitalization)	64,000 estimated claims by senior citizens, fiscal year ending June 30, 1970	\$14,734,944
Medicare (Blue Shield, part B, doctors)	110,000 claims estimated	4,000,000
Welfare, medical payments	6,360 claims estimated	<u>5,671,012</u>
	Subtotal	\$24,405,956
		TOTAL \$163,021,547

\*Received from individual State and Federal agencies.

+ NARCE - National Association of Retired Civil Service Employees

++ PERS - Public Employees Retired Service

## II. Health

Health is a major concern for most aged people primarily because it is crucial to remaining active.

In 1950 all health care in the United States cost \$12.1 billion. In 1969, just 19 years later, health care rose to \$60.3 billion, an increase of \$48.2 billion. One quarter of the 1969 expenditure was for senior citizens who comprise only 10 percent of the population. Thus, the matter of health for Montana is one of major importance.

The State Health Department has several programs available for total population, but some are more applicable to the senior citizens. Only two programs have the statistics broken down by age. The following statistics (1969) from the Health Department list a total of 4,191 deaths of those 65 and over. The major causes are heart disease, 1728; cerebrovascular disease, 622; malignant neoplasms, 622; circulatory system, 317; pneumonia (all forms), 167; bronchitis-emphysema, 95; diabetes, 82; all other causes, 470.

The following preventive health programs are set up or will be available in the near future:

1. Heart clinics throughout the state for coronary heart disease risks.
2. An accident prevention clinic. Almost all of the senior citizens' centers have had a member of the health education department make a presentation consisting of a film, talk, materials, and opportunity for follow-up. As an example of follow-up, the Missoula center recruited a retired forester to teach a first-aid course at the center, after the accident clinic had been held. Accident prevention is important. The 1970 National Safety Council reports that in the 75+ age group 97.1 percent of all deaths caused by accidents are due to falls.
3. A diabetes screening clinic has been held in three-fourths of the counties of the state. In some cases (Hamilton, Bozeman, and

Livingston) the center was used as a facility. Thus far there have been 5,913 tested, aged 60 and above. In Montana there were 350 who tested positive (6 percent) and who were referred to physicians for follow-up.

4. Hearing clinics are now being held upon invitation of interested communities. The test determines whether a person needs a hearing aid, whether one will do him any good, and which type is best suited for the individual.

5. The senior citizens in nine counties, with ten agencies taking part, have had the services of home health care agencies. From July 1, 1969 to June 30, 1970 one thousand one hundred thirty-nine people over sixty-five were recipients of this home health care. Medicare pays for up to one hundred home health care calls for certain cases. It is the desire of the State Home Health Care supervisor that this service be expanded to include sixty percent of the counties in the next five years. This will be one of the State goals of the White House Conferences on Aging.

6. The State Board of Health provides for alcoholism and drug information. This tends to be a particular need in Montana, especially for retired men whose primary social contacts are in bars. These men tend to drink instead of eat, creating nutritional as well as alcoholic problems.

There are sixty-four hospitals with 3,557 beds available for all Montanans. In the fiscal year 1969, there were 131,153 admissions and discharges, with an estimated case load for Medicare, part A, hospital, of sixty-four thousand. It is conservatively estimated that over half the hospital admissions are for those over sixty-five. The national average for health care for senior citizens is 36 times that for those under sixty-five.

There are seventy-four long-term care facilities with a bed capacity of 3,048. By far, the greatest percentage is for the elderly.

There are thirty long-term units in hospitals with a bed capacity of eight hundred forty-seven, almost all senior citizens.

There are 44 nursing homes with 2,201 existing capacity, again al-

most all senior citizens.

In addition, the state provides a special facility for custodial care for the senile and retarded for about six hundred fifteen.

Medicaid is a state administered federal medical program to help those who come under the government poverty guide lines. In some cases no money is given by welfare, but health care is provided. Medicaid picks up what Medicare does not provide. In addition, Medicaid does provide such services as eye glasses, teeth, etc., which are not available under Medicare. Medicare does not cover routine physical, ear, eye, or teeth care or devices such as eye glasses, teeth, etc. The state welfare department provided medical payments for those over 65 for six thousand three hundred sixty with total payments of \$5,671,012,82 yearly including intermediate care. A high percentage of this amount is for nursing homes or intermediate care. Statistics are unavailable for specific types of illnesses treated.

Montana Medicare

Hospital insurance	68,000 enrolled
Total medical insurance	66,000 enrolled
State ranking (Medicare) Montana	41 of 50 states

Medicare payments for fiscal year ending June 30, 1970

Part A (Hospital) \$14,734,944 with an average of 4,000 - 6,000 claims a month; estimated load for 1970 is 64,000 claims.

Part B (Physician) \$4,000,000 (approximate); 110,000 claims.

## Health Manpower

Non-federal physcials	688
Registered Nurses (total)	3,404
(employed)	2,471
Licensed practical nurses	401
Dentists	366

### III. HOUSING

Housing for older people is important because the type of housing available in large measure determines whether they live a satisfying or lonely life. Sometimes it may even determine whether they can live independently or must be cared for in a special care facility. Modern homes can be safe and hygienic, whereas some older types are fire traps and are unsanitary.

In the past ten years since housing programs for the elderly were implemented, there have been a total of 374,600 individual apartments built or are in various stages of construction in the U.S.\* The work-book on the White House Conference on Aging lists a need of several million new units. It must be kept in mind that there is a net increase of over four hundred thousand retirees per year nationally. There are now 20 million over sixty-five with 22 million anticipated by 1975.+

In Montana there are 1,474 living units for elderly in eighteen projects either completed or in the process of being finished.

The 1970 census figures on housing for Montana list a population

\* White House Conference on Aging, Housing Booklet, 1971.

+ See Appendix: 1971 Finance Facts Yearbook, Table 2.

of 694,409 with a total of 246,603 housing units. Of this number, 40,602 are dwelling units with the head of the household aged 65 years and over. The housing census does not list group quarters. The group quarters for senior citizens cited in state publications are:

74 long-term care units -- bed capacity of 3,048

30 long-term units in hospitals -- bed capacity of 847

44 nursing homes with facilities for 2,201

615 custodial care patients in state institutions

18 housing or retirement homes with a total capacity of 1474 units

In 1965 it was reported that approximately 35 percent of senior citizens in Montana receiving old age assistance lived in defective housing.

A questionnaire was filled out by five hundred forty-four senior citizens in Montana for the White House Conference on Aging. One question asked if the individual owned the place in which he lived. Two hundred sixty-one or 48 percent answered "yes". This figure is probably too high for the state, generally, since the sample was biased in favor of higher income people. In filling out the questionnaire, when the retiree's income was over \$400 per month, 80 percent owned their own homes. If it was under \$100 per month, only 36.7 percent owned their own home.

Some national figures from the White House Workbook on Housing lists these statistics: "In 1969, there were 19 1/2 million over 65 living outside institutions. Of these, 61% were living in metropolitan areas, most of them within the central city where the poorest urban housing is concentrated. Among the 39% living outside the metropolitan areas, just

over 5% live on farms. The other 34% (6.5 million) live in rural, but non-farm, localities. Although less visible, there is a higher proportion of poor housing in the rural areas." The percentage for rural elderly in Montana may be even higher.

Other factors, when considering housing in Montana for retired people, are substandard housing, dwellings too large for their needs and too costly to maintain. Many are living isolated lives and some face very high rents where senior citizens compete with college or university students for housing. In Missoula the median for contract rent is \$87 a month from the 1970 census on housing.

Inflation has caused very high taxes. In Montana there is a tax break of about 45 - 50% for senior citizens (for men over 65 and women over 62) owning and living in their own homes. The value of the home must be under \$17,500 (not including land) and the income under \$3300 for a single person and \$4,500 for a married couple. One must apply for this tax break by March 1st each year or it will not be granted. For those who rent, the increase in taxes is reflected in higher rents, and therefore they cannot benefit from this tax break.

Housing statistics are:

Federally assisted housing units for the elderly

Montana

Section 202, Housing Loan Program	544
Section 207 and 231, Housing for the Elderly	158
Section 236, Housing for the Elderly	0

Low-rent public housing

Percent occupied by elderly in Montana	38% (40% in previous years)
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Rural Housing

Section 502, Direct Loan Programs, Montana	1 loan for \$1,000
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### Housing for Senior Citizens

		Mortgage Amount	Units
Richaldn Homes, Sidney (6/20/61)	(231)	\$295,000	38
Hillcrest Homes, Bozeman (1/14/64)	(231)	1,820,000	120
Penkay Eagles Manor, Helena (6/29/70)	(202)	861,390	66

#### HUD\* 202's

Pioneer Manor, Plentywood	419,000	31
Eagles Manor, Great Falls	1,613,000	141
St. John's Lutheran Retirement Home, Billings	1,455,660	118
Grandview Apartments, Glendive	417,000	45
Soroptimist Village, Great Falls	679,000	60

#### In Process

	Commitment, Amt.	Requested
Lewistown Eagles Manor, Lewistown	1,034,800	73
Copper Palace, Butte	1,884,000	170
Missoula Manor Homes	2,093,000	156
Skyline Lodge, Choteau	868,618	60
Highland View Manor, Butte	726,200	60
Camelot Apartments, Missoula	956,000	75
Downtowner, Great Falls	1,148,952	111
Big Sky Manor, Kalispell	627,700	60
Whitefish (public housing specifically for the elderly)	Loan & Grant	50
Anaconda (public housing specifically for the elderly)	Loan & Grant	40

#### IV. NUTRITION

In 1967, one thousand two hundred thirty people 65 years of age and over in America died from malnutrition.+ Protein and vitamin malnutrition, as well as various multiple deficiency states, were accountable for deaths caused by beriberi, pellagra, scurvy, active rickets, etc.

"Until the 20th century, people's only nutritional goal was to get enough to eat. That is still the goal for much of the world. But the science of nutrition combined with the productivity of the United States has given Americans a different goal: to eat foods that will meet the specific nutrient needs of their bodies. Proper nutrition throughout life helps to promote a healthy and vigorous old age."+

\* HUD - U.S. Department of Housing and Urban Development  
+ White House Conference Nutrition Workbook.

Congress authorized the Department of Agriculture to begin research on nutrition in 1894 and exploration has been continuous since then, especially on the part of the Extension Service of the Agricultural Department.

In spite of these advances, many of the elderly remain uninstructed about nutrition, or for various reasons are prevented from using the knowledge they do have. Food habits formed in childhood which often represent nutritional deficiencies, are difficult to break in old age. Likewise, limited income may prevent the aged from purchasing foods of high nutrient content or they lack proper facilities for the adequate preparation of these foods.

The U.S. Department of Health, Education, and Welfare is supporting a number of projects in rural and urban areas involving nutritional education, e.g. food selection and preparation. In Montana, various official programs are now in operation helping senior citizens obtain proper nutrition. In eastern Montana, field outreach workers assigned through the Community Action Program are actively involved in educating the elderly about nutrition: how important it is, what kinds and amounts of food must be eaten daily, and how they must be prepared.

"Meals-on-wheels" programs or variants thereof, such as the Daily Dinner Program in Helena, employ staff nutritionists and dieticians in demonstrating that improved health and vitality will result when regular, nutritious meals are eaten by senior citizens. In Helena, a three-year demonstration grant of \$63,285.00 annually, under Title IV of the Older Americans Act, was responsible for the Daily Dinner Program which serves seventy people, in addition to twenty complete shut-ins. Many of

the people are brought to the center by bus for catered meals.

Great Falls has begun a new meals program for the infirm and indigent. The Welfare Department, senior center, and other groups provide the names of the recipients for the meals program. For a cost of \$.50 the city school lunch program provides a hot meal in containers. The Red Cross provides the vehicles for volunteer students from the College of Great Falls who deliver the meals to the homes or apartments of the elderly. The senior citizens seem to enjoy the visits of the young people as much as they enjoy the meals themselves. About eight to ten are being served as a beginning.

The U.S. Department of Agriculture, under the Expanded Food and Nutrition Program, is also helping communities to provide nutrition education, especially to the poor and to members of minority groups. By June 1971, some ten thousand local women throughout the United States will be trained and employed as aides. Each will carry a caseload of about fifty families placement or homemaker service. Some of the centers in Montana use these aides to conduct nutrition classes, to investigate the need for food stamps, and, in some cases, to conduct actual meals programs at a nominal cost to the recipients. These aides also provide help for special diets for diabetes, overweight problems, and cardiac cases.

Three thousand six hundred persons are on Old Age Assistance throughout Montana but are not all recipients of food stamps.\* Food stamps would add to the nutritional benefits of senior citizens. However, problems of transportation, store acceptance, etc., prevent many from applying.

Dr. Andrea Pagenkopf, Montana State University, enlisted her grad-

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\* Montana Department of Public Welfare, Statistical Report, March 1971.

uate students in home economics to conduct studies on the eating habits of the elderly. As head of the White House committee on "Nutrition" for the Bozeman area, she is working with Mr. Ken Baldwin, senior citizens director, in formulating a county-wide meals program.

The center at Roundup, Montana has a nutritionist who comes to the center each Wednesday to serve a hot meal composed of the four basic food groups for \$.35. They serve about thirty persons which includes five shut-ins.

On the Crow Indian Reservation, the reservation agent, similar to a county agent, works with an Indian nutrition aide presenting a nutrition program at St. Xavier senior citizens' center, demonstrating the use of commodity foods which are distributed on the Crow reservation. They prepare and serve commodities along with recipes, slide presentations, and personal instruction.

Several of the nutrition committees organized as a result of the White House Conference are in the process of starting a meals program. In Billings, a group is attempting to start a program through a church. In Missoula the group has applied to the county for a small portion of the one mill levy to finance a program.

The costs to keep the senior citizens healthy are more than repaid by savings in health care. A nursing home supervisor reported to the health committee that there is a cycle of nutritional deprivation among the elderly. They do not eat properly for several reasons: inadequate income, inability to prepare meals because of failing eyesight, and often apathy and despair. As a result their health becomes

impaired. They are then sent to a hospital or nursing home where they are built up through proper food and vitamins and then released to repeat the cycle. This cycle must be broken. The cost of hospitalization can average fifty dollars a day and nursing homes cost four hundred dollars a month.\* There are about one thousand eight hundred senior citizens on public assistance or a program called Intermediate Care, in nursing homes, extended care facilities, etc., which costs almost six million dollars a year.\* This does not count Medicare payments which have been spent. It does not include the cost of people in nursing homes who pay their own way by using their limited savings. Providing a hot meal a day for many of the elderly persons who can no longer prepare their own meals would allow them to remain outside nursing homes.

A study should be made to investigate the possible economic savings, to elderly persons in particular and to tax payers in general, that a daily nutritious meal would provide. Preliminary evidence indicates that these savings would be substantial.

#### V. EDUCATION

Older people face change within themselves and in their life styles. Because of the effect of income, health, and status, it is important that the retirees control their own destinies. Education will help the citizens master, rather than be mastered by change.

The great rapidity of change in today's technological society, as

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\* Montana Welfare Department, Statistical Report, 1971.

well as the exceedingly specialized demands of labor, place increasing importance upon formal education, yet about a fifth of the population 65 and over is functionally illiterate;\* a total of about two-thirds of this population did not go to school beyond the eighth grade. Nor are educational deficiencies compensated by participation in adult education. In 1969, only three percent of the half-million persons who participated in adult education were senior citizens.\*

In Montana, there are various educational programs provided for senior citizens. The State Employment Service provides training for older people whose skills have grown obsolete.

The following educational training programs are provided:

1. Manpower Development Training Act (MDTA)
2. On the Job Training (OJT)
3. Handicapped program
4. Concentrated Employment Program (CEP)
5. Work Incentive Program (WIN) .

Presently, there are 500 senior citizens benefiting from Vocational Rehabilitation programs. Roughly 10% of all the recipients of the program are employed.+ Approximately \$45,000 of budgetary allotments goes yearly toward clients 55 years of age and over, primarily in the area of "restoration to employability".

Operation Mainstream is the main program in this area under the Manpower Development and Training Act (MDTA). Other senior citizens take advantage of special interest classes at the colleges and universities, as well as night school classes at Vocational Technical Centers. No pro-

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\* White House Conference on Aging, EducationaBooklet.

+ Annual Report, Division of Vocational Rehabilitation, State Board of Education, 1971.

gram of tuition free attendance exists at Montana universities and colleges as does exist in other areas, e.g. the University of Kentucky.

Most of the senior citizens' centers in the state have conducted educational programs showing retirees how to live better -- physically, mentally, and socially.

The AARP\* and the NRTA† provide opportunities for correspondence courses as well as special education programs such as driver's education for senior citizens.

Likewise, municipal libraries have offered special equipment and material for older citizens such as tapes, films, talking books, and large-print books for those whose sight may be impaired.

In addition to these existing programs, plans are developing for pre-retirement workshops, greater utilization of existing facilities for more senior citizen programs, and educational opportunities for shut-ins.

## VI. EMPLOYMENT AND RETIREMENT

The nature of today's economic society is contrary to the goals of adequate employment for older workers. The demand for unskilled labor has declined, while the character of skilled labor necessitates frequent and involved adaptations. Blue collar industrial employment has decreased, while service industries have increased at an accelerated rate. Production has become highly technical and yet routine. Consequently, it lacks the rewards and sense of accomplishment of less automated forms of production.

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\*AARP - American Association of Retired Persons

+NRTA - National Retired Teachers' Association

Older workers as a whole are excluded from training and retraining programs due to educational limitations (a fourth of the workers over 55 years of age have not completed the elementary grades)\*; therefore, preference is normally given to younger people. Personal attitudes of older workers are sometimes resistant to the rapidity of change and mechanization and the boredom of current production. In general, periods of peak earnings are prior to the age of 55, with the resulting fact that job security, though protected by union seniority systems, is somewhat threatened; indeed, mandatory requirement ages are frequently becoming the policy in modern business. The White House Conference Employment Workbook states, "One of the most tragic reasons why unemployment rates do not reflect the true plight of older workers is that many older people, discouraged by their inability to get jobs, voluntarily withdraw from the labor force. Since the unemployment rates are based only on the number of people who are seeking jobs, the older workers who have withdrawn are not counted."

In Montana, unemployment rates have risen higher than those of the nation as a whole.<sup>†</sup> This job scarcity has particularly affected older residents of the state. At present, there are various employment programs for senior citizens. A program of information and referral for older workers exists as part of the Employment Security Commission. The Department of Labor operates the "Green Thumb" program which provides employment for senior citizens in rural areas doing work such as park landscaping and beautification. "Green Light", the adjunct program to "Green Thumb", serving the older female population, remains in the planning stage in Montana. Currently, there are seventy-two

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\* White House Conference on Aging, Education Booklet, 1971.

† Montana Employment Security Commission, 1971.

workers in the "Green Thumb" program in five counties in Montana. An OEO program, Foster Grandparents, employs forty-eight senior citizens to serve as grandparents to children at Boulder River State Training School. One hundred and twenty children benefited in the last year by this program at a total cost of \$72,000 for the entire operation. As part of an OEO\* demonstration grant, eleven older workers are being employed in Ravalli and Granite counties as library and teacher aides.

The Montana Commission on Aging has sponsored a number of projects which have provided employment for senior citizens. Eight senior citizens were employed four hours a day in three shifts at St. John's Hospital, Helena, providing a wide variety of services not included in regular hospital care. Similarly, older workers were hired to provide recreation programs at Boulder River School. Both were pilot programs and are still in existence four years after their initiation.

Also sponsored by the Commission on Aging was a pilot program with the Institute of Social Science Research, to train and employ senior citizens as teacher aides in public and parochial schools in three major cities in Montana.

Model Cities program in Helena employs older workers as bus drivers and aides in meals delivery systems. Likewise, senior centers employ senior citizens as assistants or activities aides.

Volunteer efforts (e.g., R.S.V.P. and New York's S.E.R.V.E. program) offers another avenue for fruitful retirement roles. Information on these and other volunteer programs can be obtained by writing to the National Center For Volunteer Action, Paramount Building, 1735 Eye Street

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\*OEO - Office of Economic Opportunity

North West, Washington, D.C. 20006.

### VII. RETIREMENT ROLES AND ACTIVITIES

The "stage of retirement" differs greatly among the senior citizens, thus indicating a need to understand the concept of multiple relevant roles and activities. There are those who are in robust physical and mental health who need outlets for their time and talents, but they are declining due to disuse -- a great enemy of muscles and mind. At the other extreme, there are the infirm who need to be served and entertained for whom entirely different types of activity are necessary.

The major concern, in reporting what is being done in Montana to improve the retirement roles and activities of senior citizens, will be what they do with their lives. Those activities will be stressed which add to the enjoyment and meaningfulness of their lives rather than to the material necessities.

The Fish and Game Department has provided special licenses for those over 65. In 1970 the department issued 4,627 fifteen-cent licenses and 9,901 pioneer conservation forty-cent licenses which permit fishing and hunting when accompanied by the appropriate animal tag. This figure represents more than 10% of the senior citizens population of the state. The Fish and Game Department has also placed all the senior citizen centers on the mailing lists for their films and programs.

In addition, the Fish and Game Department is making allowances for senior citizens when it plans new recreational facilities or access

areas.

The Department of Institutions has added activity directors to encourage and assist residents -- including senior citizens who are capable -- to participate in activities at its facilities.

All extended care facilities, qualified for Medicare, have added part-time activities directors. This is a field that can be enlarged. Long range planning and training should be made available for the directors. This or a similar program should be extended to all retirement homes in the state.

A number of civic and service organizations have provisions for encouraging continued participation of senior citizens in their activities. The veterans' groups have several fine programs which involve senior citizens such as sponsorship of little league baseball teams, and programs such as boys' state and girls' state.

Senior citizens are also involved in promoting good citizenship in the schools. These activities are particularly meaningful to the veterans and their spouses who participate.

A number of church groups have senior citizen organizations called by such names as "Silver and Sage", "Golden Years", etc. to provide fellowship and food for its members.

The retirement groups in the state provide activities for their members. These include such things as luncheons, picnics, and lobbying groups on both a state and national level, bringing together people of common interests and vocations. The active retired groups in the state are American Association of Retired Persons (4 groups), and its affiliate the National Retired Teachers' Association (12 groups),

Retired Railroad Employees, the Retired Civil Service Employees, the various veterans' groups, AFL-CIO\* -- retired union members, Older American Kinetic Society, and Masonic Home.

The American Association of Retired Persons has sponsored several projects in the state such as a defensive driver program. Their institute offers home study courses in such areas as music appreciation, psychology, creative writing, government, literature, speech improvement, and a variety of other subjects. The AARP also sponsors nation-wide travel programs. Their group is preparing materials for pre-retirement programs, insurance, education, etc.

Some local communities have programs for the senior citizens. In several communities the retirees over 65 are provided with "golden cards" to admit senior citizens to school plays, musical programs, and some athletic events.

The Y.M.C.A. in Butte permits its facilities to be used by senior citizens and promotes a light exercise program. The University of Montana allows a special discount for senior citizens to participate in its men's and women's physical fitness programs.

The twenty-four local senior citizen centers throughout the state have many and varied activities for the senior citizens of Montana. The programs are geared to the needs of the local area and in some cases centered around the creative talents of various individuals. The programs and activities are divided into the three areas: recreational, service to the senior citizens, and service by the senior citizens. Often these three groups overlap when a senior citizen is serving by playing an instrument and the rest are being entertained. Activities

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\* AFL-CIO -- American Federation of Labor & Congress of Industrial Organization.

and services are categorized as follows:

#### Recreational Activities

1. Table games, cards, checkers
2. Arts and crafts, including oil painting, ceramics, sketching
3. Films, and slide shows by local people
4. Old-time music and dancing, singalongs, orchestras, choral groups, special musical entertainment
5. Pool, billiards, bowling, shuffleboard
6. Bingo
7. Hobby, flower, talent, and antique shows
8. Birthday and holiday parties
9. Trips to local industries, historical and scenic spots, trips to Canada and Hawaii
10. Outdoor activities, picnics, hikes and drives, horseshoes, fishing
11. Visiting informally

#### Service to Senior Citizens

1. Meals - banquets, luncheons, potlucks, and holiday meals
2. Educational programs in:
  - a) health care
  - b) insurance
  - c) nutrition and food stamps
  - d) physical and mental health
  - e) social security
  - f) Medicare
  - g) Medicaid
  - h) legal matters
  - i) wills and probate
  - j) rest homes
  - k) income consumer education and fraud
  - l) referral agencies in health, welfare and employment
3. Study groups such as:
  - a) Montana History,
  - b) America's heritage
  - c) book reviews
  - d) Bible study
  - e) Great Decisions from the Foreign Policy Association
4. Meeting every need whatever it might be; taking them to grocery stores, medical services, helping with chores about the house, preparing meals, comforting the lonely and despairing, being their advocate when necessary.

#### Service by Senior Citizens

1. Help at nursing homes and hospitals
2. Visiting sick and shut-in; helping with holiday activities, s

showing films, presenting musical and entertaining programs including sing-alongs, bringing gifts and fruits

- 3. Collect clothing
- 4. Sponsor food and rummage sales
- 5. Assist in repairing toys and equipment for day care centers
- 6. Make quilts and distribute to needy senior citizens and burned-out families
- 7. Assist at alcoholic and drug centers
- 8. Work in community-wide projects
- 9. Host other senior centers' groups
- 10. Sponsor educational projects such as defensive driving and first aid.

The three types of activities are no doubt incomplete, but it does give an idea of the scope of activities which have helped to make life more interesting and worthwhile for Montana senior citizens.

#### VIII. TRANSPORTATION

Transportation plays a crucial role in the life style of elderly people. Either because of insufficient income to provide their own transportation or unaccommodating designs of present transportation systems, the aged have not benefited from the current "transportation revolution". Aging in Montana: A Survey of the Needs and Problems of Montana Senior Citizens, July 1, 1970, is quite specific in this regard. It states,

"The problem for transportation in sparsely populated rural areas is closely related to the problem of health care as well as social participation. With facilities for health care available to them only in urban areas, in many cases far distances away, the rural aged must depend on transportation facilities in order to avail themselves of these services. When transportation is not available to them, their health becomes neglected and they become less and less able or willing to engage in social interaction."

Since 1966, the National Administration on Aging has funded one

hundred seventeen research and demonstration projects including studies of drive and pedestrian habits of the elderly, reduced fare experiments, mobility needs, etc. Yet many of these studies have resulted in inconclusive benefits or non-transferable experience.

Little has been done by way of investigation into transportation problems of senior citizens in Montana. Indeed, Montana as a whole is ill-serviced by different modes of transportation primarily because of lack of significant population numbers. Air travel is accomplished by Western Airlines in a north-south pattern in the western part of the state, and by Northwestern in east-west routes. Frontier services some of the larger communities once a day. Rail transportation has proved inadequate, and with the recent proposals of the Railpax system, the areas of greatest population concentrations in southern Montana are served only three times a week. Service, both by Greyhound and Intermountain Lines, tends to be indirectly and infrequently scheduled. In Montana 7.8% of persons sixty-five years of age and over are licensed drivers.\* Figures published March 1969 by the United States Department of Commerce on the "Mobility of the Population of the United States" showed that 78.3 percent of the population sixty-five years of age and over in the western states had evidenced mobility (i.e., moved across a county line). The mobility needs of the elderly are great, but the available facilities are extremely limited.

There are some alternate sources of transportation for older persons. In certain areas model cities funds provide for bus and van service to transport senior citizens from downtown areas and senior citizen centers. Butte and Billings are the only two municipal areas having public

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\* See Appendix: State Data Book on Aging, Table 5201.

transportation.

Many of the professional retirement groups such as AARP and the Retired Teachers' Organizations, as well as volunteer organizations like FISH\*, and the senior citizens' centers, provide transportation for selective activities.

The transportation committees formed for the White House Conference have suggested many innovative ways to provide mobility for senior citizens. The recommended goals section contains these suggestions. Many communities formulated their own proposals to fit their unique situation. Roundup, Montana, for example, would like to use a large portion of their county one mill levy for a van for transportation of the senior citizens, to haul a meals program to shut-ins, and as a city taxi when not being used for the other two programs. Glendive, Montana has suggested a subsidized taxi service. Billings, Montana desires to use a portion of their city one mill levy to provide free public transportation for all senior citizens while helping their ailing transportation system. Butte, Montana has proposed a subsidized public fare. Some of the larger cities like Missoula and Great Falls inquired as to the feasibility of a public transportation system tied in with subsidized transportation for the elderly. Rural areas with no transportation at all are investigating the use of school bus systems. The conference was valuable in bringing various segments of the communities together to discuss and study transportation problems of the aging in Montana.

#### IX. SPIRITUAL WELL-BEING

The background paper concerning spiritual well-being for the White

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\*FISH - A voluntary interdenominational church organization to provide emergency assistance where needed.

House Conference states:

"When we are in good spiritual health, life has value and meaning. When the spirit is sickened, nothing else matters; no amount of tangible good can compensate for the loss we feel."

There are a few tangible programs which the churches are doing for senior citizens. The Methodists have sponsored a retirement home in Bozeman, for one hundred forty-five people in one hundred twenty units. The Catholic Church has sponsored a Butte low-income housing project of sixty units. Other plans include: Missoula (72 units), St. Ignatius (24 units), Libby (32 units), and an undetermined number for Polson.

The Lutherans have pioneered in the field of nursing and retirement homes. They have retirement or nursing homes or hospitals in combinations in Billings (173 units), Glasgow (60 units), Havre (75 units), Kalispell (89 units), Libby (34 units), and in Wolf Point (60 units).

The Catholic Church maintains a chaplain in each of its hospitals and the Lutheran Church maintains two full-time chaplains in Great Falls and Billings, who visit hospitals and nursing homes.

Catholic charities maintain a relief agency, "St. Vincent de Paul", in several cities where the aged can get emergency help.

The Mormon Church maintains its own relief agency for all its members including the senior citizens.

A number of churches maintain social clubs for their members. The Billings Methodists sponsor a "Silver Sage Group".

The Church Women United of Hardin served as the sponsoring agency for a senior citizens' center at Hardin.

The United Church in Glendive sponsors the senior citizens' center

there.

Several of the churches have sponsored various events for senior citizens. St. Anthony's of Missoula had a "let us break bread together" low cost meal for the aging including picking up those who needed transportation. The Assembly of God Church in Missoula held their second senior citizens' Sunday with a picnic lunch provided for all retirees attending the service.

The churches could become more involved by making an effort to keep in contact with their senior citizens, especially those who have lost their mobility. Several ministerial groups have sponsored local White House Conference committees where emphasis has been placed on what the churches can do locally, what needs to be done on a state level, and what type of policies we should establish for national action. The Helena ministerial association made a special effort in connection with senior citizens' month.

The aged are often hungry, thirsty, ill clad, sick, imprisoned (by infirmity), and lonely, all of which contribute to deficits in their spiritual well-being. The churches, more than any other organizations in our society, have a particular responsibility in the area of spiritual well-being.

## RECOMMENDED GOALS FOR LOCAL AND STATE ACTION

This section contains the recommendations gathered from the reports of the forums, committee reports preparatory to the community conferences, and recommendations made at the state conference. Primarily, the recommendations are for local and state programs or action, however, some recommendations need national legislation or action.

### I. INCOME GOALS

The Older Americans' Act of 1965 cites as its first objective, "...an adequate income in retirement in accordance with the American standard of living...". There are three things which can be done in regard to income: 1) increase income by transferring from working to non-working years which Social Security attempts to do, or transfer some income from working population to retirees which is done by taxation; 2) help to extend existing funds; and 3) combat inflation.

#### 1) Ways to increase income:

a. Social Security should be increased.

b. A review should be made periodically so that increases in Social Security are not negated by other pensions or assistance. Many retirees complained that in some instances a raise in Social Security meant the cancelling of some benefits so that the net result was a lowering of total income.

c. State pension systems should be checked for possible improvements.

d. Work opportunities are needed by some people to supplement their limited income. (See employment and retirement goals on how this might be accomplished.)

e. Inequalities in existing Social Security payments should be changed for women.

f. Some desire age sixty-two for 100% payment of Social Security. Still others feel that the amount earned should be increased to \$2,400 before retirees start losing benefits.

g. Sometimes the only asset of senior citizens is their home. Some groups have weighed the idea of turning a home into an annuity to provide additional income.

h. Senior citizens could be listed at employment centers for odd jobs such as garden work, janitorial work, etc.

i. Government and industry could combine to sponsor a joint pension. Many now lose the opportunity for pensions when switching jobs.

j. The "Green Light" program should be brought in to Montana for widows to be employed in work such as teacher aides, food stamp workers, and library helpers.

2) Income might be extended by:

a. Reducing taxes: property, school, income, and utilities.

b. Making home property tax automatic. Many forget to file by March 1.

c. Extending the retirement income credit on federal returns.

d. Eliminating check charges for retirees at banks.

e. Discount drug service -- now in effect at some drug stores.

f. Revised probate laws to simplify estate procedures and reduce costs.

g. Educating all senior citizens to avoid the pitfalls of fraud - caused by ignorance or naivete - as well as in the wise use of money.

h. Retirees should be briefed on both pre- and post- retirement insurance costs. It is a complex field. Many pay for benefits which are already covered under a retirement program.

i. Reduction on theater and other admission tickets.

j. Utilize the "golden pass" system of some public schools for school plays, activities, and sporting events.

3) Help curb inflation so that senior citizens' dollars are not

eroded:

- a. Retirement groups have the potential to be organized as a potent force to combat inflationary concepts in government, management, and labor.

## II. HEALTH AND MENTAL HEALTH GOALS

" Health is a state of complete physical, mental, and social well-being, not merely the absence of disease or infirmity." So states the White House Conference Health Workbook. This workbook stresses comprehensive health plans for the aging. No plan is comprehensive if it leaves out the aspect of preventive health. Many illnesses are applicable to the aged, and should be recognized as such, and treated before they become serious. In many cases, serious illnesses can be prevented thus saving thousands of dollars in care. The following recommendations were presented at the Montana conferences:

1. A study should be made to determine the real costs to the state and nation when the agings' illnesses are neglected. On the basis of this study preventive health programs in the state for such illnesses as glaucoma, diabetes, cardiac-blood pressure, and respiratory -- emphysema, tuberculosis -- could be developed or expanded. Medicare now pays only when a person becomes sick.

2. Have a home health care agency in each area. There are only ten agencies in nine counties in our state. Medicare pays up to one hundred house calls, but it is not available in forty-seven counties. The elderly must then stay in a hospital longer or go to a hospital sooner because this type of care is not available.

3. There is a need to consolidate home health care agencies for various types of service: registered nurses, licensed practical nurses, homemakers, and therapists.

4. An information and referral service should be implemented by the consolidated health care agencies within the state. They would be responsible for informing the aged of services available and refer those who have been treated to further follow-up care.

5. Some services are fragmented. The coordination of services

will prevent costly duplication in some areas and develop other areas which are now neglected.

6. More emphasis is needed for health education programs to include every aspect of well-being including nutrition. The expensive nutrition cycle for the elderly must be broken. A person becomes ill from not eating properly. He is taken to a hospital. When he improves, he goes to a nursing home where he is built up with proper food and vitamins. He is then released to go back home for "tea and toast". Soon the cycle is repeated due to old eating habits.

7. It is suggested that a national policy be established to make Medicare more inclusive in coverage. At present it does not cover eye glasses, drugs, dentures, hearing aids, etc.

8. Drug and other related health costs are extremely high for most retired people. Every effort should be made to reduce and keep costs down.

9. There is a group of aged who are in the "gray area". They are just above the government poverty guidelines, as a result they do not qualify for Medicade. Special provisions should be made for these persons.

10. Training institutes should be provided for social directors to develop programs for physical and social well-being in retirement and nursing homes. Care costs go down when there is greater participation by residents in activities.

11. Homemaker service is needed by the elderly living alone. Homemaker service is now available only for welfare recipients. The goal is to provide services needed to keep people in their own homes as long as possible.

12. Improve out-patient facilities which will cut down on hospital care.

13. The mobile clinic concept was suggested for sparsely populated rural areas in eastern Montana.

14. Nursing home and extended care facilities should be located in local areas where residents can be near friends and loved ones. This is especially necessary for the Indians because of language differences when sent to other areas away from their own tribes.

15. Closer cooperation is needed between general practitioners and psychiatrists. Mental illness and senility could be reduced. Too often senility is regarded as untreatable or is completely ignored by family physicians.

16. Some rural areas where there are no doctors are now receiving nursing home care from the state. This has been true in Swan Valley. This service should be expanded. Other alternatives for such communities should be investigated.

17. The groups who serve senior citizens should work closely with the sheriff to determine health and nutrition needs of recluses living in isolated areas.

18. Due to needed funds for preventive health programs, a study is necessary to determine funding for such a program. A portion of the city or county one mill levy might be used for this purpose. Another suggestion was to use a certain percentage of Medicare costs for preventive health programs. The concept of preventive health care for the aging could prove to be one of the greatest ideas to be developed at the White House Conference.

### III. HOUSING AND ENVIRONMENT

Congress, in passing the Older Americans Act in 1965, stated that "In keeping with the inherent dignity of the individual, older people of our nation are entitled to suitable housing; individually selected, designed, and located with reference to special needs and available at cost which older people can afford." The following recommendations were developed at Montana conferences.

1. There is a critical need for more housing projects. Consideration must be given to locality, recreation and social activities. Too often, where housing has been developed, especially in eastern Montana, the distance from friends and relatives is so great the senior citizen is left in isolation. Needless to say, Montana is far behind many states in providing housing with related recreational and social facilities.

2. Several centers are considering combining a housing project and a senior citizens' center. A co-sponsorship must be arranged between the center and a church, fraternal unit, or non-profit agency, to build such a unit.

3. Plans might be included for having meal facilities to serve

a meals program for the infirm in the immediate area of a housing project, serving at least one hot meal per day.

4. Once-a-week cleaning in all housing projects should be included to prevent deterioration. Many older people are incapable of adequately cleaning their units.

5. Hobby and recreation rooms to be used by the tenants and surrounding community can be a part of a housing project when a portion of the city or county one mill levy is designated for communities' services to the elderly.

6. It would help some senior citizens to live in housing complexes if they could earn part of their rent by performing janitorial, maid, or management services in housing complexes.

7. There may be an opportunity to use or adapt existing facilities. In some places where motels have been bypassed because of a change in the highway, the motel might be used for senior citizen housing. A few good hotels are being remodeled for senior citizens now. The Downtowner of Great Falls, Montana is an example of this type of remodeling. Daily meals are provided and cleaning services are provided once a week.

8. Zoning and construction codes should be revised for planned projects and updated for existing facilities. In some cities of Montana retirement homes and other housing facilities for the aged are regulated by the same codes and ordinances that apply to apartment houses. This creates problems in planning and the utilization of space. For example, in parking lot space, badly needed funds and land are wasted when retirement complexes must comply to a set rule of one space for each rental unit. Ordinarily only one in five of the aged living in retirement homes owns or drives a car. This unused space lays dormant where it could be used for other needs, such as recreational area or related activities.

9. An advisors' council for building for senior citizens would be desirable. Design books should be made available to architects to include such things as hand rails for walking, heat sensor for fire alarm, and support rails for bathrooms. Provision should be made for multi-purpose rooms in all housing.

10. It has been suggested that the administrators of housing in Montana form a state organization for comparing programs, legislation, etc. There is a national organization, NAHO, which deals with common concerns and how to overcome problems.

11. A financial aid service should be formed to help senior citizens obtain loans to rehabilitate their own homes and qualify for

various types of programs. There is only one person in the state who used section 502 for a loan to improve his home.

12. Life supportive services should be provided to help older people remain living independently in their own homes as long as possible.

13. The referendum law in Montana should be revised. Only two states now have it. Vote for approval delays projects for senior citizens by one or two years. This increases cost by 10 to 12 percent at a minimum.

14. There should be an automatic tax reduction for senior citizens or a comparative reduction for landlords who rent to senior citizens.

15. The building committees formed for the White House Conference should be continued. They should be informed of various housing projects and updated laws.

#### IV. NUTRITION GOALS

Proper nutrition throughout life helps to promote a healthy and vigorous old age. Nutrition effects the aging process because it contributes directly to the functioning of every cell in the body. Many of the elderly lack knowledge about nutrition: the importance of it, types and amounts of food that should be eaten daily, and how food should be properly prepared. This lack of education prevents them from eating balanced diets and as a result effects their health.

Food habits are formed in childhood and remain with a person throughout life. New eating habits, important to nutrition, are difficult to acquire in old age. In addition, lack of income may prevent the aged from purchasing foods of high nutrient content. It is recommended that:

1. The utilization of the school hot lunch programs, for feeding

senior citizens who are not eating properly, should be considered for use in Montana.

2. One center plans to use House Bill 81, one mill levy money, for a county-wide combination mini-center, meals, and transportation program. This plan might be a pilot, area-wide program which could be a pattern for the state.

3. An in-depth study should be made of the added costs, due to the lack of adequate nutrition programs, to the county and state, and national Medicare and Medicaid programs. A nutritional meals program would result in substantial savings for all participating in this program.

4. Use of county extension agents for preparation and education for proper nutrition. Also, college instructors, students, and retired nutritionists could be utilized as resource people.

5. All centers should take advantage of existing nutrition programs for educational purposes.

6. Investigate and encourage use of existing facilities for meals in retirement homes, hospitals, etc., which could be extended to include a sociability program in community halls, lodges, churches, etc.

7. A senior citizens plate for \$1.00. The meal provides smaller servings during the non-rush hours sponsored by commercial restaurants.

8. There is a need for cooking classes for one-burner stoves and/or single room occupancy, which would include widowed men who have depended on their spouses for meals.

9. The food industry should be encouraged to prepare smaller packages of food for single persons.

10. Columns in newspapers and programs on television could inform the senior citizens of proper nutrition, and how to buy and prepare foods.

11. Sunday lunch after church would provide an opportunity for senior citizens to eat together.

12. Dental service and denture care are important for proper eating.

13. There are many complexities in obtaining food stamps. This should be simplified. A national policy could be established allowing the use of food stamps to pay for meals programs.

14. Housing units which provide rooms for the aged should be encouraged to serve at least one hot meal each day.

15. The problem of overweight of the elderly necessitates a need for educational as well as health measures.

16. The United States Department of Agriculture has surplus food available when food is prepared in an institutional setting. The nutrition committees should investigate this source for a meals program.

#### V. EDUCATION GOALS

Education will help the senior citizen master change rather than be mastered by it. For this reason, all channels affecting income, health, social and physical welfare should be accessible to the elderly. Recommendations to meet these changes are as follows.

1. Continuing education, tuition-free programs through the University system would be desirable.

2. Many desire educational programs for every aspect of life for senior citizens from money management to instruction in hygienic living: nutritional diets, proper exercise and health protection measures; Social Security, Medicare and Medicaid; legal matters, wills, probates and laws affecting senior citizens; and even such matters as funeral arrangements. These educational programs could be carried on a national television program for senior citizens, subsidized similar to Sesame Street (Geriatric Street). The programs could cover the whole gamut of life in an interesting way. Programs on the nine "needs" areas would stress the material, social, educational, and spiritual aspects of life.

3. Many of the aging have expressed an interest in informal educational programs including the history of Montana, insurance, investments, cultural programs, hobbies, and interest activities. Wide educational activities in the liberal arts is another aspect to be developed.

4. Senior citizens groups should make better use of library facilities:

a. films

- b. records
- c. books -- large print, talking, Braille.

5. There is a real need for pre-retirement workshops to prepare the elderly for their retirement.

6. Utilization of the time and talents of retired educators for the total enrichment of community life to use retirement years fruitfully. Part-time use of this talent is readily available.

7. Work-study students from colleges could also be used for many teaching situations.

8. Set up workshops on youth and aged so that the senior citizens could be instructors:

- a. utilize women in bread making.
- b. utilize men in crafts.

9. All groups should consider greater utilization of facilities for educational programs such as senior centers, churches, community buildings, and the use of media, such as television, bookmobiles, etc.

10. Educational opportunities should include the possibilities of service to the shut-in, the people who live in nursing homes, and persons in isolated areas, with items such as: films, visual aids, large print books, talking books for persons with impaired vision.

11. Special training is needed for those who work with senior citizens and should be provided in our universities, technical centers, etc. This training should consist of workshops at least once a year available to people who work with the aged to cover the whole gamut of services, relationships, needs, and interests.

12. Education in public schools in order that our youth would avoid the stereotype of a senior citizen as someone who has lost his usefulness.

13. Educational classes for the elderly to acquaint them to political methods and procedures.

14. The elderly should be utilized on all planning committees on education for senior citizens.

15. There is a critical need for funds in education for the elderly.

## VI. EMPLOYMENT AND RETIREMENT GOALS

"Too old to hire and too young to retire" is the plight of many older workers. Almost everything about the rapid changes which characterize our economic progress seems to work against the goal of adequate employment of older workers.

The Older Americans Act of 1965 states "...the government assumes responsibility for helping people to secure equal opportunity to retire in 'health, honor and dignity' and to pursue 'meaningful activity within the widest range of civic, cultural and recreational opportunities.'" Pondering local, state, and national needs, the Montana committee on employment and retirement suggested the following recommendations:

1. It is recommended that the national policy be to encourage such programs as Green Thumb, Green Light, and Foster Grandparents, which provide employment for older workers who do not have the skills needed in today's labor market.
2. More consideration should be given to the job selection, retraining and placement of those forty-five to sixty-five. This need is critical due to plant mergers, government contract cancellations, and obsolescent jobs.
3. Senior citizens could provide supervised home living situations for handicapped and retarded children in sheltered workshops.
4. Unemployed engineers and specialists might be employed to improve on and modernize such things as railroads.
5. Some state employment officers could use slides of older workers on television and give brief resumes to help place older workers.
6. Senior citizens could be employed for non-strenuous city and county jobs such as painting, town care, school crossing guards, watching study halls, helping in school lunch programs, running films, etc.

7. Private pension plans should contain vesting provisions so that workers who change jobs do not lose their retirement benefits.

8. Each community should set up a committee to outline projects for community betterment, make an inventory of those elderly who need work, and recruit them for work on the projects.

9. Retired businessmen could be enlisted by the state workmen's compensation program to offer business counsel to the disabled in small businesses who have been trained in the necessary skills, but lack business management.

10. Establish a transportation pool utilizing senior citizens as drivers. This could be a national policy recommendation.

11. Develop a program of homemaker service to utilize the home-making skills of widows who have not worked in offices or factories. Educate the public to utilize employment service offices to secure homemakers.

12. Develop a corp of "home town" VISTA workers to be concerned about the senior citizens in the rural areas.

13. Develop the new R.S.V.P.\* program where senior citizens can be reimbursed for out-of-pocket expenses when they serve.

14. Develop new job categories for senior citizens or expand programs already in existence:

- a. field workers for information and referral such as the "Action for Eastern Montana" employees.
- b. provide assistance to elderly poor who are ill or shut-ins.
- c. provide services in schools, libraries, and the senior citizens' center.

15. Employees should receive on-the-job training in pre-retirement planning, through cooperative arrangement of employers, employees, and unions. The government should provide films and other training devices.

## VII. ROLES AND ACTIVITIES GOALS

In general, the goals for roles and activities are: finding ways to assure that the retired have adequate incomes; involving the elderly in the life of the community; and providing a wide range of

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\* R.S.V.P. - Retired Senior Volunteer Program.

service and recreational outlets in order that the senior citizen is assured of maintaining a meaningful and useful life. Specific recommendations in this area of concern for Montana are:

1. Encourage and promote activities which will keep senior citizens in the main stream, keeping in mind that on an average, their income is reduced by one-third.
2. Utilize and promote the "golden pass" card which permits senior citizens to attend school musicals, plays, and athletic events. It is being done on a limited basis in some areas.
3. Contact all service clubs to encourage the study of retirees' activities. If a reduced income is a factor, perhaps a fund could be established to pay dues to keep the retiree active in his or her service club.
4. Promote projects where senior citizens can feel that they are needed and can make a positive contribution to making their communities better places to live.
5. Utilize senior citizens in beautification projects: planting, painting, and ecology.
6. A clearing house should be established for coordinating all activities for senior citizens on local, county, and state levels.
7. Have local newspapers or activity sheets publicize efforts of the clearing house so that there will be a wide variety of activities to suit a wide range of tastes.
8. Present courses on leadership and communication so that senior citizens can implement programs.
9. Education projects such as the American Association of Retired Persons programs, and classes in all phases of living for the aging, could be set up. Creative writing groups and arts and crafts groups could also be encouraged.
10. Develop a film catalog for ordering films to suit the tastes and interests of senior citizens.
11. Encourage special prices at theaters for suitable movies and have showings in the morning or afternoon especially for senior citizens.

12. Make a list of all organizations which utilize volunteer help for worthwhile and meaningful activities. Investigate the new R.S.V.P. program which provides for out-of-pocket expenses for volunteers so that they can serve without it being a financial burden to the volunteer.
13. Develop singing groups for the retirees' own enjoyment and also for entertainment at retirement homes, etc.
14. Develop musical groups (instrumental) again for personal enjoyment and for the entertainment of others.
15. Drama groups could be used to highlight social issues as well as to provide entertainment.
16. Demonstrate problems and changing roles of senior citizens by socio-drama at meetings, by television, and by radio.
17. Physical programs (light exercise programs) could be developed utilizing existing recreational exercise programs by the YMCA, YWCA, and the colleges.
18. It is suggested that the Commission on Aging sponsor a film, "Innovative Aging in Montana".
19. Policies should aim to encourage personal growth and fulfillment rather than economic coddling.
20. Include senior citizens in roles where they can help serve local, state, and national problems. There is an abundance of human potential that is now being ignored.

#### VIII. TRANSPORTATION GOALS

The White House Conference workbook on transportation states that, "The effect of inadequate transportation and reduced mobility for the aged today has been repeatedly observed and documented in profiles of loneliness, frustration, inability to benefit from available services, shrinking capacity for self-maintenance, and curtailed activity and social interest. The need for improved transportation is seen as

an essential component in almost all efforts to provide opportunities for the aged and relief of their social and health problems." In light of this need the following recommendations have been made:

1. Establish a national policy of encouraging and developing public transportation. With only 7.8 percent of these over sixty-five licensed to drive,\* the great majority of senior citizens are dependent on friends, relatives, or expensive cab fare, which is often unavailable, for transportation.
2. Establish a national policy for guaranteed liability insurance for covering volunteer drivers. In some areas, this is the only means of transportation.
3. A public transportation subsidy in the form of a \$2 pass permitting senior citizens to travel for a month during the non-peak periods could be worked out where possible. The two dollars paid by senior citizens could be matched by a sponsoring agency.
4. Sponsor local bus service projects where the senior citizens and the community as a whole will profit. Helena is contemplating such a program. Great Falls and Missoula have considered such an idea.
5. High public transportation costs might be subsidized for retirees with limited income by using tickets similar to food stamps.
6. Another possible form of public transportation subsidy is a ticket, deposited with a lower fare. This ticket will then be redeemed by sponsoring groups such as unions, service organizations, city, county, or state agencies.
7. Investigate the possibility of contracting with local school bus systems for use of buses between morning and afternoon runs. Buses might be released for trips during the summer where commercial buses aren't available.
8. Plan bus trips for scenic and historical tours combined with picnics.
9. Utilize the RSVP<sup>+</sup> program which pays out-of-pocket expenses for volunteers who would drive. There are many who would like to drive the elderly to the doctor, shopping, or take shut-ins for a drive, but the cost prevents the person from volunteering.

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\* See Appendix: State Data Book on Aging, Table 5201.

<sup>+</sup> RSVP - Retired Senior Volunteer Program.

10. Establish intra-city and county bus pool for transportation. Eastern Montana needs a coordinator to plan trips such as to the Passion Play near Spearfish, South Dakota. Leased school buses might be used in this manner, too.
11. Consider the partial use of the one mill levy to provide free transportation for all senior citizens which in turn will help the ailing bus companies in some Montana cities. Billings is contemplating such a program.
12. Utilize a wide variety of programs to get transportation into the rural areas. There is no transportation in areas such as Malta and Roundup, Montana. Perhaps a cab company might be financed which could benefit the community, in addition to the retirees.
13. Investigate the loss of travel pass privileges for railroad retirees.
14. Use passenger coach on freight trains where persons can board at crew change stations and check points.
15. Set up volunteer driver service where no other form is now available.
16. Set up defensive driving courses for the aged.
17. Investigate subsidized or low cost taxi service during the slow periods of the day where such service is available.
18. Encourage out-of-state senior citizens to visit points of interest in Montana. There may be local people who would serve as guides and perhaps the local centers could serve a luncheon with entertainment.
19. Require public transportation facilities to add safety features for the aged.
20. Develop national standards for highway markings, traffic lights and signs.
21. Provide adequate ambulance service with trained personnel; promote helicopter ambulance service for rural areas.

## IX. SPIRITUAL WELL-BEING GOALS

The background paper for spiritual well-being for the White House Conference states, "When we are in good spiritual health, life has value and meaning. When the spirit is sickened, nothing else matters; no amount of tangible good can compensate for the loss we feel." Recognizing this basic truth the Montana committee on spiritual well-being developed these recommendations:

1. Plans should be made with, not just for, senior citizens.
2. Each housing project should have a multi-purpose room which should be made available for residents for their spiritual welfare.
3. Make it easier for senior citizens to attend worship services by providing such things as ramps for wheel chairs, individual hearing aids for hard of hearing, and large print Bibles from the American Bible Society for those with poor eyesight.
4. Arrange transportation for those who have lost their mobility, not only to the church services, but also to other functions. How about a weekly shopping service using the church bus? Why not arrange for trips? Picnics or day camping for senior citizens should be arranged at the church camp in the area. Arrangements should be made to take those in rest homes out occasionally.
5. Have churches furnish cassette tape recorders to record sermons and other addresses to be taken to the homes of shut-ins, by senior citizens.
6. Set up a telephone reassurance committee to make a daily call to each senior citizen living alone. The calls should be made by senior citizens.
7. Arrange for luncheons for senior citizens. (St. Anthony's in Missoula had a "let us break bread together" meal (not fund raising). The altar society provided pot luck dishes and purchased the meat. The cost was fifty cents if they could afford it, to cover the cost of the meat.)
8. Church kitchen facilities might be used for "meals-on-wheels" programs. The Congregational Church in Billings is working with the Billings White House Nutrition Committee to set up such a program.
9. Have courses in Bible studies in the mornings or afternoons.

10. Give subscriptions to shut-ins for such magazines as "Guidepost", "Modern Maturity", the AARP\* magazine, denominational periodicals, and "Good Old Days".
11. Use retirees for regular calling in churches and other organizations in the communities.
12. Have more old time hymn sing-a-longs.
13. Have a state seminar to bring together pastors, priests, and senior citizens on the responsibility of the churches to the elderly.
14. Sponsor housing projects similar to the Presbyterian Rocky Mountain Manor at Powell, Wyoming.
15. Help arrange for a foster parent program where each widow or widower with no family in the area would be invited for a meal or to share a holiday with a family in the church.
16. Encourage youth groups to do projects for senior citizens such as changing storm windows, cleaning yards, or cutting grass.
17. Form discussion groups for such subjects as "Great Decisions for 1971" to help older people keep their minds alert.
18. Arrange for part-time work for those who need to supplement their income: babysitting, home care, odd jobs, etc.
19. Churches and other community organizations should make special effort for retirees during May, Senior Citizens' Month.

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\*AARP - American Association of Retired Persons

POLICY PROPOSALS AND POSITION STATEMENTS  
Senior Citizens' Responses

I. INCOME

Issue I:

The long-range goal for older people is that they should have income in accordance with the American standard of living. What should be regarded as an adequate income for older couples and non-related individuals?

Policy Proposal or Position Statement:

Singles - \$3600.00  
Couples - \$5200.00

Issue II:

In our system in which society has accepted responsibility for assuring older people a basic floor of income at not less than the level of poverty, how should it be provided: through the contributory social security system? Some form of payment from general revenue? Or a mix of the two?

Policy Proposal or Position Statement:

A mix of Social Security system and payment from general revenue.

Issue III:

In view of the growing dependence on private pensions and individual saving for retirement income above the basic floor, should Government intervene to foster increased coverage and to insure receipt of benefits by workers and their survivors? Or, should such matters be left entirely to the private sector and the individual?

Policy Proposal or Position Statement:

On conclusion reached.

Issue IV:

Recognizing the higher illness and disability rates among the elderly, their lower average income, and the rising costs of health care: (1) should payments for health services to older people continue to be a shared responsibility of Government and the individual; (2) should coverage under the present Medicare-Medicaid system be

expanded to provide full payment for all health services required by older people; or (3) should the country adopt some form of national health insurance plan which would include middle-aged and older people along with the rest of the population? An important consideration is the source of the funds used for payment for services; depending upon the policy adopted, these may include payments into an insurance fund, monies derived from income and other taxes, direct payments by recipients of services?

**Policy Proposal or Position Statement:**

We propose expansion of Medicare to include drugs, hearing aids, glasses, and dentures. This could also be supplemented by national health insurance.

**Issue V:**

Does the relatively low income status of the older population together with the increased need for financial security warrant action by the Federal and/or State Government to help them to continue to live in their own homes through partial remission of property taxes or through some other means? Or, should older home owners share equally with younger people in matters of property taxes and other financial responsibilities of home ownership?

**Policy Proposal or Position Statement:**

Reduce property taxes.

Turn homes into an annuity. Payments start at age 60, with comparable value as figured by Actuary tables and by life expectancy. After death, homes revert to a lending institution, or they might withdraw by paying value.

## II. HEALTH

**Issue I:**

Should health services for the aged be singled out for special consideration and action or should they remain inseparable from services for all adults as at present?

**Policy Proposal or Position Statement:**

Health services should remain inseparable from services for all adults, but with special clinics and services to meet specific needs.

**Alternative Policy Proposal(s) or Position Statement(s):**

A national health program is suggested for all ages.

Issue II:

Should a system of coordinated personal health service for both the short and long-term care of the physically and mentally ill aged be developed, legislated, and financed? Or, should the uncoordinated, generally fragmented health services as now provided be continued?

Policy Proposal or Position Statement:

A system of coordinated personal health service for both the short and long term care of physically and mentally ill for all ages should be developed, legislated, and financed.

Issue III:

Should Medicare and Medicaid legislation and financing be extended to include payment for other services not now provided in the continuum of health care? Or, should the complete range of health care services for the aged be financed through some other mechanism such as a National Health Insurance Program?

Policy Proposal or Position Statement:

Expand the present Medicare and Medicaid programs to include other services (drugs, hearing aids, eye glasses, dentures, psychiatric care, etc.) until a better program can be developed. Also, we give a strong recommendation to reduce the volume of paper work.

Issue IV:

Should responsibility for the entire spectrum of health services (physical and mental) for the aged be vested in the public sector of society? Or, should it be placed in the private sector? Or, in some intermix of the two? At what level should the responsibility be fixed -- National, State, or local?

Policy Proposal or Position Statement:

The entire spectrum of health services for the aged should be vested with the public sector on a national level.

Alternative Policy Proposal(s) or Position Statement(s):

Responsibility for guidelines from the national level and responsibility fixed or shared by state and local level.

Issue V:

Should a continuing program of public education about the specific physical and mental changes associated with the process of aging and with diseases in the aged be provided on a national scale? Or, should

such mass education be avoided because it is wasteful, ineffective, and possibly hazardous?

**Policy Proposal or Position Statement:**

A continuing program of public education about the aging on a national level using all communications media.

**Issue VI:**

Should effort be placed on including curricula or course content on physical and mental health problems of the elderly in undergraduate or graduate professional education and in-service training health workers? Or, should emphasis be placed on the development of geriatric and geropsychiatric specialists?

**Policy Proposal or Position Statement:**

All appropriate knowledge and training for all health personnel as well as specialists to provide guidance is recommended.

**Issue VII:**

In view of the critical need to provide much more direct services to the physically and mentally ill elderly, should all available funds be put into these services? Or, will the aged be better served in the long run if the available funds are apportioned among services, research and training of health manpower?

**Policy Proposal or Position Statement:**

Funds should be used for services, research and training. Research and training are necessary to support the services.

### III. HOUSING

**Issue I:**

Should some fixed proportion of all government funds, Federal, State, and local, allocated to housing and related services, be earmarked for the elderly? Or, should the provision of such housing and related programs be left competitive with the housing needs of all other age groups?

**Policy Proposal or Position Statement:**

There should be adequate funding for all housing needs, without regard to priority.

**Alternative Policy Proposal(s) or Position Statement(s):**

Whereas there may not be sufficient funding for all housing:

therefore be it resolved that priority funding be provided for elderly.

Issue II:

Should eligibility for the benefits of publicly assisted low and moderate cost housing and related services and programs for the elderly be based solely on income? Or, should eligibility be based on social and health needs with recipients having incomes above an established minimum level paying for benefits at a sliding scale rate related to their income?

Policy Proposal or Position Statement:

Eligibility for the benefits of public assistance, low and moderate cost housing and related services and programs for the elderly should not be based solely on income but eligibility should be based on social and health needs with recipients having incomes above an established minimum level paying benefits at a sliding scale rate related to their income.

Alternative Policy Proposal(s) or Position Statement(s):

Broaden existing limits to include both higher and lower income families.

Issue III:

Should the Federal Government insure that State and local governments produce suitable housing for the elderly on a uniform per capita basis of the population aged 62 years and over throughout the nation? Or, should the decision to produce such housing be left to the discretion of local governments and private groups as in the past?

Policy Proposal or Position Statement:

The decision to produce housing for the elderly should be left to the discretion of local governments and private groups, with assistance provided by Federal Government in the form of expertise to assist local government in education and implementation.

Issue IV:

Should nursing homes continue to be the expected type of living arrangement for the elderly who need some assistance in daily living but do not need skilled nursing care? Or, should residentially-oriented settings be provided for these persons?

Policy Proposal or Position Statement:

Housing for the Elderly should be residentially-oriented with facilities for every degree of need provided.

Issue V:

Should life-supportive services be provided when needed to help older people remain living independently in their own homes? Or, should emphasis be given to providing more congregate housing for the elderly which would include the services needed by residents and also provide outreach services to the elderly living in adjacent residential neighborhoods?

Policy Proposal or Position Statement:

Life supportive services must be provided for elderly, regardless of where they choose to live.

Issue VI:

Should low-income, retired homeowners be responsible for full payment of their property taxes? Or, should the State or Federal Government provide financial incentives to make local property tax relief for the elderly homeowner possible? Should consideration also be given to renters?

Policy Proposal or Position Statement:

Property taxes should be resolved at a local level.

#### IV. NUTRITION

Issue I:

Should the Federal Government allocate substantial funds for research on the influence of nutrition on the aging process and the diseases of old age? Or, should such monies be concentrated on action programs to rehabilitate the malnourished aged and to prevent malnutrition among those approaching old age?

Policy Proposal or Position Statement:

The Federal Government should allocate the major amount of monies to action programs to rehabilitate the malnourished aged, and to dramatize the prevention of malnutrition among the aging. More research is needed; this should be concurrent with action programs. Data should be tabulated, analyzed, shared, and publicized.

Issue II:

Inasmuch as food and nutrition services are vital components of total health services, should the Federal Government move more forcefully to establish higher standards for the food services provided by

institutions and home care agencies? Or, can the interest of the consumer be better served by demanding a higher level of performance of state government enforcement agencies where the primary responsibility for such regulation now lies?

**Policy Proposal or Position Statement:**

Interests of the consumer can be best served by demanding a higher level of performance by state enforcement agencies. We also feel that it would be beneficial for the Federal Government to set guidelines for minimum diet standards for food services in the institutions and home care facilities. Suggestion: Involve use of volunteers to advise the state of local conditions.

**Issue III:**

Should governmental resources allocated to nutrition be concentrated solely in the provision of foodstuffs to those in need? Or, should a substantial proportion of such resources be devoted to education of all consumers, especially the aged, about nutrition and to the education of those who serve the consumer in professional and related capacities?

**Policy Proposal or Position Statement:**

Federal Government's first responsibility is to provide food for the needy. There is accompanying need for education which can be met through existing agencies by applying imagination and ingenuity, emphasizing use of mass media, etc.

**Issue IV:**

Should Federal Government policy for all Federally assisted housing developments for older people require meal services for group feeding of residents and for persons living nearby? Or, should the policy be to encourage provision of services and facilities for feeding within each household in the project (individual feeding) and for encouraging community agencies to provide for persons living in their own homes outside the development?

**Policy Proposal or Position Statement:**

Individual freedom of choice should be preserved as far as dining facilities are concerned. Central facilities should make allowance for special dietary needs. There should be provision for group dining as well as individual kitchens in housing developments. Local communities should also provide guidance and/or funds for meals in individuals' own homes.

Issue V:

Should the Federal Government assume the responsibility of making adequate nutrition available to every American? Or, should this responsibility be left to the individual, his family, and/or to the private sector voluntary groups and State and municipal agencies? If left to other than the individual or his family, should the fulfillment of the obligation be based on the provision of money income or the provision of food, facilities, and services?

**Policy Proposal or Position Statement:**

Federal Government's first responsibility is to see that each person has money for essential foods while preserving the individual's self-respect. Federal Government should also provide facilities and services where requested for needed. A citizen may want to choose a deficient diet. This is his right. But the Federal Government should be involved in educating and motivating the consumer to make the correct choice.

Issue VI:

Should there be considerably more governmental control of the safety and wholesomeness of our national food supply? Or, should this be chiefly a matter of private and voluntary responsibility, with government controls left about at its present level or reduced?

**Policy Proposal or Position Statement:**

The safety and wholesomeness of the national food supply, while under Federal government control, should be free of political pressures.

**Alternative Policy Proposal(s) or Position Statement(s):**

The Federal government should not extend present controls under the Pure Food and Drug Act. The food industry is concerned and sensitive to public needs and is equipped to regulate itself.

## V. EDUCATION

Issue I:

If public expenditures for education for older people are increased, should the size of the expenditures be related to: (a) the proportion of older people in the total population, or (b) their remaining life expectancy?

**Policy Proposal or Position Statement:**

The size of expenditures should be related to the proportion of older people in the total population.

Issue II:

Should money and manpower devoted to providing educational opportunities have a higher priority among the various services provided for older people than is now the case? Or, should education for older people be allowed to remain at its currently low level of emphasis and support in relation to support for health services, housing, etc.?

Policy Proposal or Position Statement:

Money and manpower should have a higher priority among the various services provided for older people than is now the case.

Issue III:

Should responsibility for initiating and supporting, and conducting education for older people be vested in the established educational system, beginning with the U.S. Office of Education and extending through State educational agencies to universities, community colleges, and local school districts? Or, should the responsibility be placed with specialized agencies serving older people: the Administration on Aging, State agencies on aging, and corresponding agencies at the community level?

Policy Proposal or Position Statement:

The responsibility for education for older people should be vested in the established educational system: the U.S. Office of Education down to State and local school districts; all included.

Issue IV:

Should education for older persons be: (a) conducted apart from or (b) integrated with education for persons at other ages?

Policy Proposal or Position Statement:

We feel strongly that both of the above types should be open to older persons; that is the older persons should be free to have courses and workshops conducted just for them such as pre-retirement courses and they should also be allowed to attend courses at any educational institutions tuition free. Training workshops conducted annually for persons who work with the aged in various capacities, directors of centers, presidents of Senior Citizens' Clubs, nursing homes, and those who work in physical, occupational, and recreational therapy, and many others, should be held.

Issue V:

In view of the limited financial resources available, which should receive the highest priority: (a) research and innovation, or (b) expansion of existing programs having a demonstrated record of success?

Policy Proposal or Position Statement:

Here again we feel that both of the above are important, so we would like to state this as follows: "The highest priority should go to the expansion of existing programs having a demonstrated record of success, including research and innovation."

Issue VI:

Should education (a) place emphasis on the development by older persons of greater collective (group) influence (or power) in political processes in meeting their needs or, (b) should it concentrate mainly on instruction in more effective use of political processes on an individual basis?

Policy Proposal or Position Statement:

We chose (a) and think that older people should form a political power block.

Issue VII:

In the light of scarce financial and manpower resources, which should be given the higher priority: (a) educational services to those most ready and most in the habit of participating, or (b) education for those 'hidden', relatively unknown and difficult to reach?

Policy Proposal or Position Statement:

Both services are necessary!

Issue VIII:

Should available facilities, manpower, and funds be used for educational programs designed and offered by educators to the elderly on the basis of their presumed needs and interests? Or, should such support be available only when older people request educational services and participate in developing them, or develop and conduct the programs themselves?

Policy Proposal or Position Statement:

Both of the above programs are important -- educational programs on the basis of presumed needs, and those upon request by older persons. Qualified personnel may at times be found among the aged themselves.

## VI. EMPLOYMENT AND RETIREMENT

Issue I:

Should placement, training, and job assistance programs -- which are currently required to give priority to youth and minority groups -- be modified to include higher proportions of older workers? Or, should total manpower funds for programs and services be increased in order to serve more older workers?

Policy Proposal or Position Statement:

From money appropriated for training and job assistance programs, a given percentage should be designated for the exclusive use of the older trainee.

Issue II:

Some of the key measures suggested for the development of a national manpower policy, such as listing of vacancies, scrutiny of dismissals, anti-discrimination legislation, and early warning systems, may impose limits upon employers' action. To what extent is our nation willing to limit freedom of employer action in the labor market to solve or ameliorate age-employment problems?

Policy Proposal or Position Statement:

The committee recommends that we should not sacrifice freedom of choice, that we should maintain our traditions of democracy. We feel that the Federal Government should not protect the employee to the extent that they would have to sacrifice their freedom of choice. They felt hiring and firing controls and most employment practices should rest with the employer, the union, and the employee, and that there should be minimum government interference. However, there should be some provision for a grievance hearing for that person who has no other grievance reparting procedure.

Issue III:

Even if the policies and programs deemed favorable to older workers' employment were adopted, would they prove sufficient to solve the employment problems of the aging? If not, as many authorities argue, can the problem be solved by having our government assume the role of "employer of last resort"?

Policy Proposal or Position Statement:

This committee does not recommend that the government assume the role of "employer of last resort". If that were adopted it would mean that any unemployment person who could not be employed

elsewhere could be employed in a government project, which is not desirable. There may be cases of an emergency nature, such as depression, wars, or disasters, where it may be desirable to provide employment on a temporary, but not permanent, basis.

Issue IV:

Given that the normal age of retirement in the United States is currently around age 65, should current pressures to lower retirement age below 65 be discouraged or encouraged?

Policy Proposal or Position Statement:

There should be no mandatory retirement age. Employment should be based upon ability rather than age.

Issue V:

Is there a need for new national policies as well as for publicly and privately supported programs to help workers who are forced to retire before the normal retirement period because of health and/or employment problems?

Policy Proposal or Position Statement:

We need to know more about what is being done nationally and privately before making any recommendations on this issue. However, we believe that the way to finance and to raise the income of the impoverished group would be to supply a floor of guaranteed income, rather than have a general increase in Social Security; but Social Security increases are needed to keep up with the cost of living.

Issue VI:

Should society assume greater responsibility for helping people prepare for retirement years through some form of pre-retirement education?

Policy Proposal or Position Statement:

We support this issue as stated.

## VII. RETIREMENT ROLES AND ACTIVITIES

Issue I:

Does society, through governmental and private voluntary organizations, have a responsibility for developing new roles for older

people and providing opportunities and resources to be engaged in these roles? Or, should society leave older people to their own initiatives and resources to develop and pursue appropriate retirement roles?

**Policy Proposal or Position Statement:**

Society and older Americans jointly have the responsibility for developing purposes and goals for providing opportunities and resources to engage in new roles. Total senior citizen involvement in the community should be pursued through: senior citizens' centers; clearing house of activities, talents, and requests; surveys to find the needs of the shut-ins and go to them with help; calling services (ECHO); meals-on-wheels, etc.

**Issue II:**

Given limited resources, which groups within the older population should receive first priority in terms of program efforts for meeting role problems or for creating new role opportunities? Should priority be given to those in greatest need -- such as the very poor and the most isolated -- or should such programs be designed to serve all of the groups or elements of the older population?

**Policy Proposal or Position Statement:**

An attempt should be made given limited circumstances and resources to include all elderly members of our society in all activities, but a priority should be placed on the disadvantaged.

**Issue III:**

Should society adopt a policy of preparation for retirement or education for life off the job?

**Policy Proposal or Position Statement:**

Society and elderly Americans jointly should adopt a policy of preparation for retirement and education for life off the job. Government, industry, unions, educational institutions, workshops, conferences, educational material, publications (printed and visual, television and radio), talking and listening sessions between youth and elderly Americans, brainstorming sessions, etc., all should be utilized. Talking and listening sessions: youth paired with adult -- first fifteen minutes the youth tells what it is like to be a teenager here and now. The adult listens. The second fifteen minutes are spent with the adult telling what it is like to be an adult here and now, while the youth listens.

Issue IV:

Given the changing nature of kinship structures and living arrangements for older people, should society assume the responsibility for providing older people with supportive services traditionally provided by the family, or should society continue to foster family responsibility for provision of needed kinship services?

Policy Proposal or Position Statement:

Society should encourage family responsibility for provision of the needed kinship services, but should be cautious about building in a system where the Federal government assumes full responsibility as a rule. It should be a combination of responsibility with emphasis on the family. Community resources should be utilized: voluntary organizations, churches, civic groups, government - community, local, and state.

Issue V:

Should public attitudes and policy be changed so that acquisitiveness, competition, and aggressive behavior be channeled by policies aimed at a balance between roles of social expression or service to the community, on the one hand, and on personal growth and fulfillment on the other? I.e., given the demands of a technological society, how can the old find acceptance and reward in giving more attention to social concern and helping others of all ages who are not so fortunate in health or economic conditions, rather than merely retraining themselves for personal or economic benefits?

Policy Proposal or Position Statement:

Public attitudes and policies should aim to encourage personal growth and fulfillment as well as adequate economic benefits by following through with the activities suggested for developing the above four issues.

## VIII. TRANSPORTATION

Issue I:

Should the Federal Government adopt a policy of increasing services for the elderly by subsidizing transportation systems? Or, should the available funds be allocated to increase the incomes of older people so that they will be able to purchase the transportation they need?

Policy Proposal or Position Statement:

1. Federal government should subsidize transportation problems for the aged from the local level on up.

2. There should be a relaxation of too complicated applications.
3. Funds should be administered by responsible local groups according to local needs.
4. Senior citizens' cards should ease transportation charges any where, with special tickets entitling the facility to Federal reimbursement.
5. Guaranteed liability insurance for volunteer transportation or assistance persons is needed.

Issue II:

Should the Federal Government provide for the development of transportation systems (i.e., bus, rail, auto, air systems, etc.) and services exclusively for the elderly? Or, should they be developed for all users regardless of age?

Policy Proposal or Position Statement:

The Federal Government should provide for the development of transportation systems as well as highways for all users regardless of age.

Issue III:

Should the Federal and State government require that transportation be an integral part of any social services program for the elderly supported by Federal and State funds? Or, can greater accessibility to these services be better promoted by community coordination of available transportation systems?

Policy Proposal or Position Statement:

Greater accessibility to Federal transportation services would be better promoted by community coordination of available transportation systems.

Issue IV:

Should the Federal Government vigorously support the development of individualized flexible transportation for the elderly which would provide increased access to shopping, religious, social, and recreational and cultural activities? Or, should this type of transportation be primarily the responsibility of private enterprise, volunteer community action, government at the State and local level?

Policy Proposal or Position Statement:

The Federal government should vigorously support the development of individualized flexible transportation for the elderly which would provide increased access to shopping, religious, social, recreational, and cultural activities.

Issue V:

Should the Federal Government support the development of programs designed to provide for the safety, comfort, and convenience of the elderly as pedestrians, drivers and users of transportation systems? Or, should this responsibility remain at the State and local level?

Policy Proposal or Position Statement:

The Federal Government should support the development of programs designed to provide for the safety, comfort, and convenience of the elderly as pedestrians, drivers, and users of transportation systems. All facilities should require additional safety features designed especially for aged or crippled persons.

## IX. SPIRITUAL WELL-BEING

Issue I:

Should the government cooperate with religious bodies and other private agencies to help meet the need of the elderly for spiritual well-being? Or, should this function be kept entirely as the responsibility of religious institutions?

Policy Proposal or Position Statement:

Government should cooperate with religious bodies and other private agencies to help meet the need of the elderly for spiritual well-being. This should not be viewed as control of the churches but as a stimulus upon the thinking of the churches to meet the needs of the elderly.

Alternative Policy Proposal(s) or Position Statement(s):

The government can cooperate with social concerns, but cannot add to spiritual well-being.

Churches accepting financial help from the government are indicating their weakness. Spiritual life is the churches category, and a very personal thing.

When the church is strong, the nation is strong. When morals are sacrificed, nations collapse.

If our government begins to finance part of the churches' concerns, they will soon have it all to do. Spiritual well-being is a reward of sacrificial giving.

Issue II:

Should efforts to meet the spiritual needs of the aging aim to serve them in separate groups and programs designed specifically for the aging? Or, should they attempt to serve the elderly together with people of other ages?

Policy Proposal or Position Statement:

Efforts to meet spiritual needs should offer mixed experiences of all ages and also have some segregated activities in this area so the individuals can retain their freedom of choice.

Issue III:

Should religious organizations restrict their concern to the spiritual sphere? Or, should they be concerned with both spiritual and social concerns?

Policy Proposal or Position Statement:

They should be concerned with both spiritual and social concerns.

Issue IV:

Should religious bodies working together determine and declare the spiritual rights of older people? Or, should such philosophies continue to be the responsibility of the various religious bodies?

Policy Proposal or Position Statement:

Religious bodies and senior citizens working together should determine and declare in general the spiritual bill of rights of older people, to augment the specific philosophies of the various religious bodies.

## SUMMARY

The prestige of the White House Conference enabled the committees to enlist the support of many busy, competent people who otherwise might not have taken the time to attend if it were 'just another meeting'. People became involved, and realistic plans were adopted to meet the problems concerning senior citizens.

Planning for the future requires a study of needs. The community forums provided the opportunity to learn first-hand what the senior citizens feel are their greatest problems. On the basis of this information, the state Commission on Aging is able to plan programs and projects, appeal for funding, and help meet the stated needs. Thus the state is provided with data that will help to avoid developing programs for which no need exists and duplicating the efforts of existing agencies.

One of the most significant factors of the regional and state White House Conferences was bringing together senior citizens, providers of services, specialists in the fields related to the elderly, and public officials. Some of the forums were held at senior citizens' centers; this enabled legislators in attendance to view what the centers were doing for, and with, senior citizens. In addition, those who provide service to the aging learned of additional methods, projects, and programs that are in use at the centers. Most of all, the senior citizens in attendance were introduced to these people, who are in a position to help improve their condition.

Publicity that emanated from the State White House Conference on Aging has drawn public attention to the problems of the aging. Furthermore, this newly created awareness has garnered new sources of active support from otherwise uninterested individuals and private organizations. State agencies, which heretofore administered fragmented piece-meal programs, have a new source of accurate data to draw on in implementing meaningful programs. Contacts made, problems identified, and data gathered, for all concerned, are extremely valuable.

The formation of "needs" committees at the community conference was a positive contribution to the state. These committees were not only valuable for the many problems they identified, but also for the solicitation and documentation of their ideas. These ideas, through analysis, in many cases have become plans and policies for future action. Many programs suggested by the community conferences have been implemented, but a number of them need further development, adequate funding, or require legislation.

Specific benefits resulting from Montana's preparation for the State White House Conference on Aging are:

1. Since the passage of House Bill 81, provision for a one mill levy to fund senior citizens programs, several counties have appropriated funds. But, without trained personnel to utilize and coordinate funds and services, these funds await action.
2. Senior citizens' centers at Miles City, Glendive, and St. Xavier, Montana were started because of concern and interest expressed at preparatory meetings and the State White House Conference on Aging.
3. The Gallatin County Council on Aging was an outgrowth of members serving on the White House Conference committees.

4. The Yellowstone Council on Aging at Billings, Montana was formed to be the sponsoring agency for the conference planning of the White House Conference on Aging. This Billings council brought eleven different retirement groups together to work as a single unit. They have developed plans for transportation, housing, and meals. Most important, they have become a permanent council to work for and with the senior citizens.

5. "Action for Eastern Montana", sponsor of the Glendive Community Conference, has plans for a multi-county director to coordinate this sparsely settled area. A series of mini-centers would be started in each county, coordinated through the multi-county director. Further meetings have been called to plan for the eradication of problems in transportation, nutrition, meals programs, etc.

What Montana needs is trained people who can utilize funds and services for the benefit of her senior citizens. A meaningful program depends heavily on trained personnel for success. The other important ingredient of that success is the senior citizens themselves. They have talent, they want to be a part of what is needed and meaningful, but they are deprived of the means. The citizens of Montana, young and old, will all benefit by the re-entrance of their senior citizens into the mainstream of activity.

## A P P E N D I C E S

STATISTICAL REPORT

1970 MONTANA CENSUS BREAKDOWN

Source: No. PC (V-2) 28 Advance Report Montana and No. PC (1)-A28 Montana Booklet, published by the U.S. Commerce Department, Bureau of Census.

Total 1970 Population . . . . . 694,409

Total 1960 Population . . . . . 674,767

Net Increase . . . . . 19,642

Increase by per cent . . . . . 2.9

+++++

Senior Citizens of Montana

Age 55 and over

Total . . . . . 131,897

Per cent of total population . . . . . 19

Male

Age	
55-59.....	17,443
60-61.....	6,273
62-64.....	8,312
65-74.....	18,548
75 & over.....	13,247
Total	63,823

Female

Age	
55-59.....	17,283
60-61.....	6,075
62-64.....	7,775
65-74.....	20,278
75 & over.....	16,663
Total	68,074

STATE DATA BOOK ON AGING

Table 2320

Monthly Cost Standard for Basic Needs of Aged Couples and Percent of That Amount Paid Under Old Age-Assistance, By State, July 1969

Monthly cost standard for basic needs		Amount paid for basic needs under state program is lowest of:	Amount paid as percent of cost standard for basic needs
Total	Other than rent	Amount of cost standard for basic needs	\$100
\$172	\$137	\$172	

Table 2221  
Social Security and Old-Age Assistance: Number of 65+ Recipients and Average Monthly Amount Received, by State, December 1969

Program	Social Security	Old-Age Assistance
Number of recipients <sup>1</sup>	Average amount received per recipient	Number of recipients <sup>2</sup> / Average amount received per recipient
65+	\$99.88	3,600
60,000		\$69.75

Table 2223  
State Rankings of Per Capital Personal Income (Total Population) and Average Monthly Old Age Assistance Payment, 1969

Per capita personal income <sup>1</sup>	Rank <sup>2</sup>	State rank, <sup>3</sup> @ average OAA payment <sup>2</sup> /
\$3,130	34	24

MONTANA URBAN AND RURAL POPULATION BREAKDOWN

Total Population . . . . .	694,409
Urban Population . . . . .	370,676
Rural Population . . . . .	323,733
Per cent of total population (urban) . . . . .	53.4
Per cent of total population (rural) . . . . .	46.6

RURAL POPULATION

In towns of 1,000 to 2,500 . . . . .	53,685
In other areas . . . . .	270,048
Total	<u>323,733</u>

MONTANA

Area . . . . .	147,138 square miles
Total counties . . . . .	56

## STATE DATA BOOK ON AGING

Table 2224

Number and Average Monthly Amount of Retired Worker Beneficiaries in Current-Payment Status and Percent Distribution by Amount of Benefit, by State, December 31, 1969

Number of retired worker beneficiaries	Average benefit amount	Percent of beneficiaries receiving:				
		Under \$55.00	\$55.00 - 69.90	\$55.10 - 84.90	\$70.00 - 13.4	\$85.00 - 99.90
45,515	\$99.88	7.7	7.3	10.1	13.4	13.0

(percent of beneficiaries receiving, continued:)

\$100.00 - 109.90	\$110.00 - 119.90	\$120.00 - 129.90	\$130.00 - 139.90	\$140.00 - 149.90	\$150.00 - 159.90	\$160.00 - and over 1.9
7.5	8.2	8.2	6.6	10.6	5.5	

1971 FINANCE FACTS YEARBOOK

Table 2  
 Population Including Armed Forces Abroad by Age Groups  
 July 1 of Selected Years, 1960-1980  
 (In thousands)

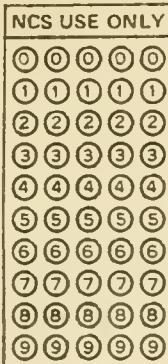
<u>Years of age</u>	<u>1960</u>	<u>1966</u>	<u>1969</u>	<u>1970</u>	<u>Projected</u>	<u>1975</u>	<u>1980</u>
55 to 64 ....	15,627	17,261	18,214	18,517	19,912	21,180	
65 and over..	16,660	18,457	19,470	19,799	21,503	23,492	

Source: Bureau of Census

STATE DATA BOOK ON AGING

Table 5201  
 Licensed Drivers, by Age Group and Sex, 1969  
 (In millions)

<u>Age</u> <u>(Numbers)</u>	<u>Total</u>	<u>Male</u>	<u>Female</u>
65+	8.2	5.8	2.4
(Percent, by age)			
65+	7.8	9.5	5.4
(Percent, by sex)			
65+	100.0	70.7	29.3



President Nixon has called a White House Conference on Aging for November 1971. He has asked me, as his Special Assistant on the Aging, to direct it. In making plans for the conference, we want particularly to know what older Americans think their greatest needs are. Your answers to these questions will help us in our planning and in developing recommendations to the President. YOU NEED NOT SIGN YOUR NAME.

JOHN B. MARTIN

Special Assistant to the President for the Aging

INSTRUCTIONS: Please answer each question after the Chairman reads it. If your answer is "Yes", fill in the "○" in the Yes column. If your answer is "No", fill in the "○" in the No column - Like this: ●. Be sure to use a No. 2 or softer pencil. Ballpoint or any other pen may not be used. Do not make any stray marks on this sheet.

Yes No

1. ○ ○ Are you now retired?  
 ○ — If not, would you like to be?

2. ○ ○ Are you working full-time?  
 ○ — If not, would you like to be?

3. ○ ○ Are you working part-time?  
 ○ — If not, would you like to be?

4. ○ ○ Do you always have enough money to make ends meet?

5. ○ ○ Do you have enough money to buy the little extras you want?

6. ○ ○ Do you have a health problem you feel needs attention, but is not getting medical attention?

7. ○ ○ Are you usually able to see a doctor when you need one?

8. ○ ○ Are you usually able to see a dentist when you need one?

9. ○ ○ Did you get any drugs and prescriptions last month?  
 ○ — Did you have enough money to pay for drugs and prescriptions?

10. ○ ○ Did you have any doctor expenses last month?  
     ○ — Did you have enough money to pay doctor bills last month?

11. ○ ○ Did you have any dental expenses last month?  
     ○ — Did you have enough money to pay dental bills last month?

12. Do older people need legal advice about:  
     ○ — making a will?  
     ○ — probating a will?  
     ○ — guardianship?

Yes No

13. ○ ○ Did you have any legal help in the past year?  
     ○ — Did you have enough money to pay for legal help?

14. ○ ○ Do you have trouble paying for your housing costs -- including taxes, rent, electricity, etc.?

15. ○ ○ Do you live where you have to take care of repairs and maintenance?  
     ○ — If yes, would you like to live where you do not have to take care of repairs and maintenance?

16. ○ ○ Do you live where meals are available?  
     ○ — If not, would you like to have meals available?

17. ○ ○ Do you live where there is medical and nursing care available?  
     ○ — If not, would you like to live where medical and nursing care is available?

18. ○ ○ Do you have trouble getting from home to places such as shopping, church or visiting friends? (if "No", mark "No" and go on to question 19; if "Yes", answer each of the following questions.)

○ ○ — Is this because there is no public transportation (buses) near you?  
 ○ ○ — Is this because you do not have the money to pay the fare?  
 ○ ○ — Is this because it is hard to get on or off buses and subways?  
 ○ ○ — Is this because you find it physically difficult or tiring to get out and about?  
 ○ ○ — Is this because you do not have a car or are not able to drive a car?  
 ○ ○ — Is it for some other reason?

Yes No

19.  Do you have enough money to buy the food you like?

20.  Do you cook for yourself?  
 — If yes, do you find it too much trouble to cook for yourself?

21.  Do you eat alone?  
 — If yes, would you like someone to eat with?

22.  Is food packaged in too large amounts for your use?

23.  Do you go to a senior citizen center?  
 — If no, would you like to go to a senior citizen center?

24.  Do you sometimes feel that you are just not wanted?

25.  Do you sometimes feel that you have nothing to live for?

26.  Do you belong to an organization for retired persons?  
 — If not, do you want to belong to an organization for retired persons?

27.  Do you live by yourself?  
 — If not, do you live with your spouse only?  
 — If not, do you live with one or more related persons such as children, other relatives or non-relatives?

28.  Do you live in a retirement or nursing home?

29. Do you --  
 — own the place where you live?  
 — rent the place where you live?

30.  Are you happy in the neighborhood where you live?

31.  Have you been the victim of a consumer fraud in the past year?  
 — Did you report this to anyone?  
 — If you did not report this, was it because you did not know who could help you?  
 — Were they able to help you?

Please mark only one answer for each of the following:

32. Do you live in --  
 the country?  
 a small town?  
 a suburb?  
 a city?

33. How far did you go in school?

None  
 Some Grammar School  
 Finish Grammar School  
 Some High School  
 High School Graduate  
 Some College  
 College Graduate

34. Generally, how much income do you have each month?

Less than \$100  
 \$100 to \$199  
 \$200 to \$299  
 \$300 to \$399  
 \$400 or more

35. Where does your money come from? (Mark more than one, if applicable)

Earnings  
 Social Security  
 Employee pension  
 Annuity  
 Old Age Assistance  
 Savings or investments  
 Relatives

36. Generally, how much money do you spend each month?

Less than \$100  
 \$100 to \$199  
 \$200 to \$299  
 \$300 to \$399  
 \$400 or more

37. Please mark how old you are:

under 55  
 55 - 60  
 61 - 65  
 66 - 70  
 71 - 75  
 76 - 80  
 81 - 85  
 86 or older

38. Are you a --

Man  
 Woman



